First Call for Children

"The essential needs of children should be given priority in bad times as well as good" — *Plan of Action, World Summit for Children*

Putting first things first

UNICEF/SPRAGUE

We hope pleasant surprises will never end. In the last year alone, issues once consigned to footnotes on the world's agenda have moved much closer to their rightful place at the top.

In what UNICEF Executive Director James P. Grant described as an "exhilarating process" of change in favour of children, more than 130 countries prepared national programmes of action (NPAs) to put Summit goals into action, with 75 of those countries finalizing their NPAs by year-end. The world also reaffirmed its commitments to the Summit goals for children at the Earth Summit in Rio de Janeiro and at the International Conference on Nutrition in Rome. In Dakar (Senegal), 48 African countries and liberation movements met with representatives of industrialized nations and non-governmental organizations to address the crisis facing African children. And in Somalia, a new humanitarian principle on the right to food was endorsed by the intervention of troops under United Nations auspices there.

Food, shelter, safe water, education, health care and peace are what the world's people need and want. By giving first call to children, countries stand the best chance of all of ensuring that first things come first.

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United Nations Children's Fund

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First Call for Children

'The essential needs of children should be given priority in bad times as well as good' — *Plan of Action, World Summit for Children*

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Million lives can be saved annually if commitments met

Dramatic changes taking place in Africa could help overcome the effect of the continent's prolonged economic crisis on children, if agreements reached at the International Conference on Assistance to African Children (ICAAC) can be implemented, according to James P. Grant, UNICEF Executive Director. ICAAC, sponsored by the Organization of African Unity (OAU), was held in Dakar (Senegal) from 25 to 27 November.

"Many of the changes that have already taken place on the continent were really quite unimaginable just a few years ago," Mr. Grant said in a recent interview. "We see apartheid being overcome and wars in Angola, Ethiopia and Mozambique ending. We see democracy taking root in so many countries previously dogged by authoritarianism, and market-oriented economic reforms being implemented.

"By comparison, many of the challenges that remain — in terms of debt and the situation of children — should be far simpler to solve. And by meeting the intermediate goals for 1995 agreed upon at ICAAC, as way points to the goals set at the World Summit for Children, a million children's lives can be saved each year."

Mr. Grant said that much of his optimism was based on the national programmes of action (NPAs) that African countries brought to the conference in Dakar, which showed the seriousness with which these countries had approached the commitments they made at the World Summit for Children.

Referring to the meetings on NPAs held in other regions during the year, he said that Dakar was part of an "exhilarating process" under way, which gave people who had worked in isolation on their programmes a chance to share ideas and strategies. In Dakar, the presence of 50 ministers ensured extensive collaboration and exchange of ideas; 48 African and 18 industrialized countries were represented at ICAAC.

If African efforts were supported by increased official development assistance (ODA) and a doubling of the ODA share that goes to human priorities — both areas in which donors made commitments in Dakar – Africa should see major gains for its children by decade's end.

The potential for progress is especially great, Mr. Grant said, with the renewed focus on Africa created by ICAAC and other events — including the decision of the United States and other countries to send 30,000 troops under UN auspices to ensure the right to food in Somalia, and an incoming U.S. Administration supportive of human development issues.

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UNICEF Executive Director James P. Grant (right) and Ferhat Lounes, Vice-President of the African Development Bank, after signing an agreement in Dakar on joint development programmes for Africa.

Goals for 1995

In the interview in which Mr. Grant assessed ICAAC upon his return to UNICEF headquarters, he said that the meeting con-

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As AIDS spreads, Honduras expands awareness campaign

By Donna Paine

Eighteen-year-old Suyapa doesn't know if she has acquired immune deficiency syndrome (AIDS), but she does know that her boyfriend died from the disease last July. Now she fears not only that she might be infected but also that her newborn son, Franklin, could have the virus as well.

To find out, she was recently tested at La Lucha Contra El SIDA (the Fight Against AIDS) clinic in Tegucigalpa. She is awaiting the test results that could change her life.

Wiping away tears, Suyapa says she realized her 32-year-old boyfriend had slept with many other women. But it had never occurred to her that she could get AIDS, she said, because "I never walked the streets." She had been intimate only with her boyfriend, whom she met when she was 13.

Suyapa fits the profile of a person at high risk for AIDS in Honduras today, according to a recent study. It found that most of the 700 women diagnosed with the disease are housewives.

Researcher Cesar Nuñez, who conducted the study, traces their risk to their husbands, who commonly have a number of sex partners, including prostitutes. The culture of Honduras, which tolerates sexual promiscuity in men and discourages condom use, is also to blame.

Ominous spread

The first case of AIDS was diagnosed in Honduras in 1985. In 1986, 13 people tested positive for HIV — the virus that causes AIDS — 12 men and one woman. Now just six short years later, the ratio of infected men to women is 1.6 to 1, and the gap is steadily narrowing.

In the beginning, homosexuals represented 50 per cent of all cases. Now they make up just 5 per cent, according to Dr. Enoc Padilla Oliva, who runs the La Lucha Contra El SIDA clinic. But, he cautions, "That doesn't mean that homosexuals don't have the disease, but that AIDS is growing in alarming proportions

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Consensus needed on humanitarian role of UN

By Jan Eliasson

The UN Security Council's sanctioning of the use of "all necessary means" to provide urgent humanitarian relief to almost 2 million Somalis struggling for survival reflects the growing strength of worldwide demand for solidarity with innocent populations trapped by large-scale political violence. At the same time, the historic Security Council resolution —the first ever to authorize the use of force in support of humanitarian goals— adds yet another dimension to the vital new roles that the United Nations can play in ensuring a safer, more peaceful world.

But it would be simplistic to think that with this bold and unprecedented international action on behalf of Somalis, the UN has found the basis for a model that can be automatically applied to all war-induced humanitarian crises. Indeed, the continuing tragedy of Bosnia is a vivid example of how ill-equipped the world community still is to deal decisively with the humanitarian crises now sweeping the globe. And even in the case of the operation now under way in Somalia, UN Secretary-General Boutros Boutros-Ghali and several members of the Security Council emphasized that the decision to dispatch troops was predicated on the "unique character" of the situation there: the absence of any central authority to arrest the growing civil chaos and the lawlessness which prevented humanitarian relief from reaching the tens of thousands threatened by starvation and imminent death.

So there still remains an urgent need to develop a consensus on the nature and scope of humanitarian action in such situations, since the worldwide explosion of internal strife is unlikely to recede. In the euphoria over the end of the cold war, the world seriously underestimated the forces that would be unleashed after cessation of international rivalries. The cold war had created an artificial stability, and the turmoil that we are now witnessing is a historic expression of forces repressed for a long time. The UN, geared throughout its half-century of existence to respond to conflict between States, now finds itself struggling to cope with crises of an altogether different kind, with few tested mechanisms to guide it in its efforts to help those trapped in internal strife.

The international community, recognizing that the nature of these new challenges needed a substantially strengthened UN response, established earlier this year some mechanisms like the Central Emergency Fund of US$50 million and the function of UN Coordinator for Emergency Relief, as well as the UN Department of Humanitarian Affairs. But nothing less than the profound restructuring of the UN system that the Secretary-General has called for — not least his proposals

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VIEWPOINT

Tackling war trauma: No easy solution

Meeting the needs of people traumatized by war and emergencies requires more than conventional relief measures, according to VESNA BOSNJAK. Respect, autonomy and empowerment are as crucial to those affected as blankets and food, she argues, if the trauma is to heal and cycles of violence are to be broken.

War and civil strife are among the worst forms of human suffering on a mass scale, causing dislocation, disrupting patterns of daily life and shattering human relationships.

While emergency interventions may meet some of the material needs of those affected, people also feel the need to be in control of their lives and to plan for the future. That aspect of their needs, however, is often unrecognized or ignored by those providing emergency assistance or those with vested interests in controlling the affected population. Yet the suffering and psychological trauma of war can be best alleviated by addressing those needs.

Non-material priorities

Not only are spiritual and psychosocial needs often ignored when emergency relief is provided, but material aid can be given in a way that inflicts new traumas and further humiliates recipients already humbled and hurt by conflict.

Collective shelters are frequently run in an authoritarian way. Aid meant for the distressed population is controlled by intermediaries, who assert their power by withholding information about the goods and services to which the displaced and refugees are entitled.

Donors, who could help people regain some control over their lives, often seem unaware of their potential to do so. They overlook issues of refugees' self-organization and the need for refugee-friendly information systems and communication channels — all of which are, in fact, the very foundations of the success or failure of assistance.

Instead, the powerlessness of displaced and refugee populations is heightened when information systems are geared more towards controlling people than helping families reunite or tracing lost family members. Channels or methods for defending human rights are not widely accessible, nor are refugees able to influence even simple decisions regarding their own future.

Identifying the gaps

Efforts to meet the psychosocial and spiritual needs of people in war may be postponed or 'delegated' to caring professions, such as psychiatrists and psychologists. However, there are a number of constraints to such an approach.

Interventions become compartmentalized, and funds for a programme considered special or non-essential are generally scarce or unavailable. Also, the professionals qualified to make psychosocial interventions are accustomed to working in their own institutional framework, rather than under the precarious conditions of war. Or they may perceive their work with refugees merely as a new research opportunity.

In a war situation, most assistance to affected populations is provided by front-line workers — Red Cross activists, nurses and camp administrators. The actions and decisions of such front-line workers determine whether children will be unnecessarily separated from their mothers, whether family structures will be undermined, or whether normal, productive people will be treated as inmates of an old-fashioned charity institution.

Seldom are psychological programmes targeted to treat the trauma of these front-line workers, who — if effective and committed — are often burned out long before their task is accomplished.

It is also rare to find programmes for psychosocial assistance which explicitly link the role of caring professionals to a human rights agenda. Yet it is difficult to understand how individual and collective war traumas and claims can be resolved without such a link.

New psychosocial role: defence of human rights

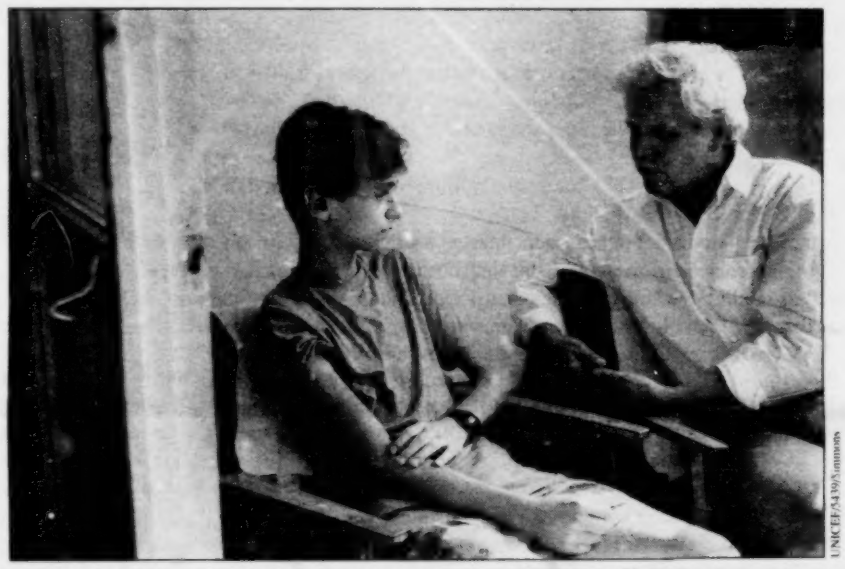
War creates an imperative for the caring professions to refocus on the human values their work embodies.

Professionals and front-line workers should empower people to resume control over their lives, to reject whatever destructive and authoritarian strains they can discover in their communal conduct and to help stop the transmission of violence and hate down through generations.

Professionals can support groups organized by the displaced and refugees themselves, sharing information with those affected and informing them of their rights. They can give refugee groups the skills needed to resolve conflicts and rebuild their communities.

With such goals, members of the caring professions become social mobilizers and human rights activists as well, roles not always compatible with the goals of the institutions and governmental structures they belong to. Many will prefer to pursue academic excellence or bureaucratic priorities. United Nations agencies should not be on their side.

Vesna Bosnjak, former head of the Urban Section, UNICEF New York, is a consultant working with people affected by war in the former Yugoslavia. This article is based on her speech to the First World Congress for a Humanitarian Psychiatry in Romania in May of last year.



UNICEF/5439/Timmons

Professor Magne Raundalen, a child psychologist specializing in traumatized children, interviews a young refugee living in Zagreb (former Yugoslavia.)

Consensus needed on UN humanitarian role

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in the Agenda for Peace for readily available peace-enforcement units — will enable us to meet the diversity of new crises that the world now faces.

This is particularly true for UN operations in the humanitarian field. International relations are built upon the principles of sovereignty and non-interference in the internal affairs of States. Where, then, should UN relief operations draw the line between the solidarity that the world now demands for vulnerable people struggling for survival amid domestic hostilities, and the widely — and properly — accepted principle of national sovereignty? And how must we safeguard the security of United Nations and other relief workers who are being thrust, often without proper training and equipment in this area, into situations where they themselves become targets of contending factions?

In pursuing guidelines for international humanitarian action, it will be vital to guard against any diminution of the impartial and neutral character of the United Nations. We must respect the sensitivities of many countries, particularly the younger nations, who do not want to see their sovereignty diminished by whatever new mechanisms are established. And, of course, we must ensure that our relief operations are never perceived as being a pretext for furthering the interests of powerful groups of States nor those of internal groups or parties.

But these concerns are no cause for paralysis. In recent General Assembly resolutions, Member States have overwhelmingly indicated that governments and parties at war have an abiding responsibility for the welfare of the non-combatant populations. The suffering of these populations is indeed a legitimate concern and responsibility of the entire international community. If at this stage in our history — with the ending of the cold war and the beginning of a new era — we cannot put the welfare of people at the centre of our concerns, and prove that the objective of organizing ourselves in societies and international organizations is indeed to improve the condition of the human being, then we are failing humanity.

It would be cruel to limit our humanitarian concerns to starvation and death amid political conflict. The fact is that much of such conflict is rooted in a lack of development, in the inability to provide rudimentary services in health, nutrition, education and other vital areas. It would also be cruel to ignore the tens of millions of others who are in similarly dire straits as a result of prolonged drought and other natural disasters. And our responsibilities should not end with the provision of food and essential survival supplies. Relief, rehabilitation and development are part of one continuum.

The repair of water facilities and the restoration of electricity, the provision of tools and seeds — these are often considered non-emergency requirements and therefore poorly funded. But if we do not deal with these problems in the emergency phase, we are not only causing enormous pain, but also displacement from homes and villages, which multiplies the cost of relief programmes. Emergency relief can be perceived as a humiliating hand-out unless it provides the recipients with hope for the future. So the development dimension must be built into relief operations at their very onset.

The United Nations is uniquely positioned to meet the humanitarian crises that the world faces, and that are likely to grow. The UN's relevance in the emerging international order will be determined in great part by how and when the Organization and, above all, its Member States respond to those crises.

Jan Eliasson is Under-Secretary-General of the UN Department of Humanitarian Affairs and the UN system's Emergency Relief Coordinator.

A day in Sarajevo

In my dreams I go among the ruins
of the old part of town
looking for a bit of stale bread.
My mother and I inhale the fumes of gunpowder
and imagine it to be the smell of pies, cakes and kebab.

Then a shot rings out from a hill nearby.
We hurry, although it is 9 o'clock
and we might be hurrying towards "our" grenade.

Then an explosion rings out in the street of dignity.
Many people are wounded
sisters, brothers, mothers, fathers.

I reach out and touch a trembling injured hand.

I touch death.

Terrified, I realize: This is not a dream.

It is just another day in Sarajevo.

Edima Suleymanovich, 12 years old, wrote this poem as part of the therapy children in former Yugoslavia are receiving for war trauma.

The ORT miracle... promises to keep

Now is the time for families and health care workers to put oral rehydration therapy to work doing what it is meant to do — saving children's lives.

By Jon E. Rohde and Monica Sharma

When oral rehydration salts (ORS) were first formulated in 1968, they were hailed by the British medical journal, *The Lancet*, as "possibly the greatest medical advance of the century." At the time, diarrhoea caused more deaths than any other single illness in the world, claiming the lives of nearly 5 million children each year.

Decades of research into intestinal physiology in the laboratory, and in the field with the dread disease cholera, culminated in the development of the almost miraculously simple technology of ORS packets. Even in the most severe cases of diarrhoea, the balance of essential salts and glucose in ORS enable rapid absorption of fluid and electrolytes, even by a diseased intestine. In a few cases, appropriate antibiotic therapy is necessary to manage diarrhoea successfully.

Small wonder that the breakthrough was received with such enthusiasm.

Empowering families

Success in treating diarrhoea depends on continuously giving appropriate fluids soon after diarrhoea begins, as well as feeding the child to provide energy and help offset the nutritional damage that diarrhoea can cause.

More recent research has found that most home fluids containing some salt and a source of energy, either sugar or starch — which is digested in the intestine to form simple sugars — can be used to replace the fluids lost in most common diarrhoea.

Health workers who visit communities on occasion or even those who work in nearby clinics cannot provide on an episodic basis the continuous fluid and frequent feedings needed to treat diarrhoea. Only mothers, fathers or other at-home caretakers can begin and continue giving the life-saving fluid and food whenever diarrhoea strikes.

The administration of such fluids — suitable for all kinds of diarrhoea in all ages in all parts of the world — is called oral rehydration therapy (ORT). When it was developed, the spectre of diarrhoeal deaths appeared on the brink of elimination.

Four problems to address

Despite its promise and affordability and the enthusiasm of the medical community for it, however, ORT has not achieved the same level of success as, for instance, the expanded programme on immunization (EPI).

After studying this paradox, several explanations have become apparent:

1. Is ORT/ORS too good to be true?

ORT and ORS seem so simple that their value is lost on many people. They are considered nothing special and therefore incapable of producing the dramatic results claimed.

2. ORT/ORS doesn't stop diarrhoea

Mothers want something to stop their child's diarrhoea. Studies have shown, however, that nothing, neither drugs nor herbs, stops diarrhoea. The many drugs sold as antidiarrhoeals seem to work only because they have been taken when the bout of diarrhoea was about to finish on its own. What is not widely known is that stopping the bowels from moving during diarrhoea is actually more dangerous than the diarrhoea itself. This is because even though a child is not passing stools, fluid is accumulating in the intestines and the child can still die from dehydration.

3. Special, continuous delivery needed

Unlike vaccines that are given by health care workers according to a definite schedule or during a countrywide campaign, ORT/ORS must be available for every episode of diarrhoea. Mothers or other caretakers also must manage each case individually, starting with the earliest sign.

4. Progress not easy to monitor

Once children are immunized through a vaccination campaign and once immunization coverage is verified by surveys, a community can generally rest assured that its children are protected from the diseases against which the children were immunized. Even though vaccination services will be needed for children being born, these too can be monitored.

With ORT/ORS, however, there is no easy 'verification.' ORS must be used every time, for each case of diarrhoea.

Four steps to take

The World Health Organization, UNICEF and governments are now mounting a new effort to increase the use of ORT/ORS — and antibiotics where necessary — to reduce diarrhoeal deaths in the coming years by one half or more. The following are key steps that need to be taken.

1. Social mobilization campaigns can boost ORT/ORS use

The value of ORS has probably been no more dramatically proven than during the ongoing cholera epidemic that began in Latin America in 1991.

Previous cholera epidemics in Africa and Asia have had mortality rates of 10 or 20 per cent, or even higher. Yet with over 300,000 cases of cholera in the first year in Latin America, mortality was less than 1 per cent, thanks to ORS.

Despite such success, health workers and mothers around the world still need to be convinced that ORS is the *only* medicine of proven value in diarrhoea. A broad communication and social mobilization campaign is called for, using commercial techniques and modern media to spread that message. Societies need to be mobilized through schools and women's and other groups. Professional societies can lead the way.

2. If people understand diarrhoea, they will use ORS

Nothing short of a vast education campaign informing the entire public of the truth about diarrhoea and the importance of fluid and food will overcome the current inappropriate demand for a wide variety of useless and often harmful drugs that are aggressively and inappropriately marketed to treat diarrhoea.

Dehydration and lack of nutrients are responsible for the weakness and/or eventual death that acute and chronic diarrhoea can cause. The only way to ensure the healing of the intestines, the cessation of diarrhoea and the recovery of the child is to administer adequate fluids while continuing frequent regular feeding.

3. ORS is for everyone, everywhere

ORS must be available everywhere. Mothers cannot wait for a health worker to visit their homes, nor should they have to walk to a distant clinic or health centre that either may not be open or may not have a supply of ORS.

Fortunately, in most countries ORS has become available to everyone, at low prices, in shops, tea stalls,

bazaars and convenience stores. Every community and every neighbourhood needs to ensure that ORS is available 24 hours a day, 7 days a week.

4. Better monitoring needed

New ways to monitor use of ORT/ORS are being developed, modelled on the successful EPI information system. Mothers will be asked during routine immunization sessions whether they used ORT/ORS during their child's last episode of diarrhoea. This monthly measurement of ORS use would be available to programme managers. Both private and public health care facilities can track the use of outside ORT/ORS therapy by patients seeking treatment for diarrhoea and should also routinely provide ORS packets. Increasingly, the public will come to judge the quality of the health care they receive by whether or not ORS is promoted, demonstrated and provided to them.

The next giant step

Diarrhoea kills more children than any disease, except when ORT/ORS programmes, combined with correct case management of diarrhoea, including appropriate antibiotic therapy for the few who need it, have been successful. Then, acute respiratory infections have emerged as the number-one cause of death.

In a short time, diarrhoea's dreadful toll could fall, as ORT/ORS becomes the cultural norm in all societies, the desired treatment of diarrhoea and the medical standard for the world.

Seemingly a small step for each family and health worker, such a development would be a great advance for humanity and a major contribution to keeping our promise to the children of the world.

Dr. Jon E. Rohde is special adviser on health and related issues to the Executive Director of UNICEF. Dr. Monica Sharma is senior adviser, control of diarrhoeal diseases/acute respiratory infections, UNICEF New York.

Environmental protection: Empower the poor

By U.B. Lindstrom

It is estimated that 1.2 billion people in the developing world live in hunger and that the proportion of women and young people among the poor is increasing. Yet, the critical association between environmental destruction and the lack of basic services for the poor in the developing world was not clearly made during the Earth Summit in Rio de Janeiro.

And although the costs of protecting the environment were stressed in Rio, the benefits were almost never mentioned, as if rich countries do not also benefit when they invest in programmes for reforestation, clean water, good sanitation and family planning.

These omissions were especially unfortunate because, as many studies have demonstrated, poverty is closely connected to environmental damage in a number of ways. For one, the large number of poor people in itself gives rise to huge environmental pressures.

Then, it is indisputable that the distorted world economy increases the poverty level of developing countries and thus causes greater destruction of the environment. Global trade relations force developing countries, dependent on the export of raw materials, to fell more trees and overcultivate larger areas of land to produce more raw materials to sell, with disastrous consequences for the environment. At the same time, the prices of many primary commodities have collapsed, with the result that even greater amounts must be produced, and pressure on the environment increases.

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LESSONS LEARNED IN COTE D'IVOIRE

Mother's milk is best

By Julia Spry-Leverton

Paediatric nurse Nicholas Guede holds a clipboard and marks off the women as they arrive with their babies at the clinic at the hospital in Dabou, Côte d'Ivoire.

Just over 100 women wait in the shade outside the clinic for routine postnatal care, such as weighing and vaccination, for their children.

Inside the hospital, 20 women, all new mothers, have gathered for a question-and-answer session. Colette Aya is the nurse in charge here, and in four clinics every week, she gives information about the importance of breastfeeding, which she alternates with other subjects of concern to the mothers such as malaria and diarrhoea.

For the Dabou hospital has been designated a baby-friendly hospital, one of four to date in Côte d'Ivoire to achieve the designation, which means maternity wards are free from breastmilk substitutes and are dedicated to the promotion of breastfeeding.

Côte d'Ivoire, one of the 12 developing countries that spearheaded the baby-friendly hospital initiative, is aiming to have 47 hospitals designated baby-friendly by the end of 1992.

Colette's technique is engaging. She asks the mothers a question and they call out the answer, laughing and confident. "What is the best food for your baby?" she asks. "Mother's milk is best," they respond in unison.

Fortifying food and hope

Outside, the mood is more sombre. Nicholas examines Essi Mohamed, a frail one-week-old baby girl with diarrhoea. The infant, the first child of her 17-year-old mother, lies limp in her cotton wrap. Her mother's face is blank with fear.

Nicholas gently encourages the mother to give her baby every opportunity to breastfeed and explains how she can make a very weak solution of sugar and salt in rice water to give to Essi once an hour and after each episode of diarrhoea.

Offering the mother some packets of oral rehydration salts to take home, Nicholas says she should bring Essi to the clinic on a regular basis. The mother shrugs; it is 10 kilometres from her village, and she does not know whether she can spare the time or afford the bus fare.

The next small patient is two-year-old Ki Adama, announcing his presence by his racking cough. His legs and arms are puffy, his hair has an orange tint.

Ki, his mother's second child, was weaned at three months. Since then, he has been fed on *attieke*, a rice-like staple, served with a little fish sauce, when it is available. Ki eats only after the men and older children have finished. He has been sick for over a month now with vomiting, diarrhoea and a respiratory infection.

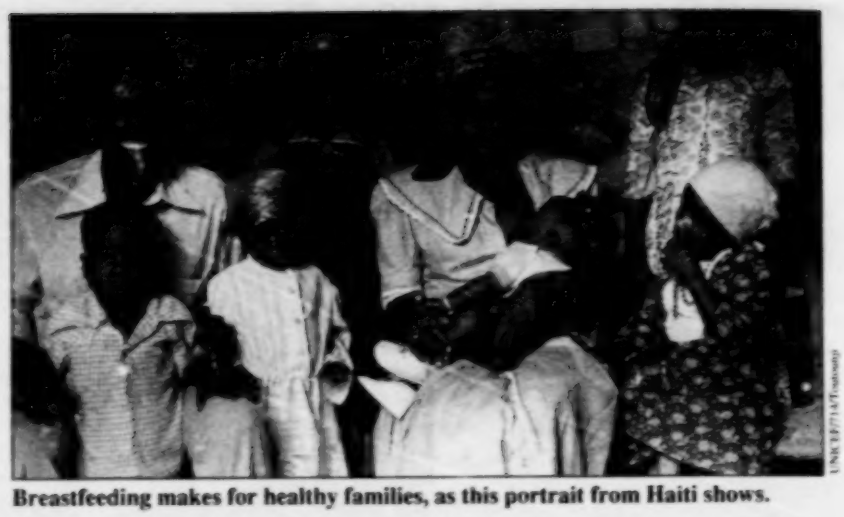
Nicholas points out how the diet he recommended when Ki's mother brought him previously has already helped Ki. The clinic gives food demonstrations, and Ki's mother has learned how to enrich Ki's food with milk powder and to add a purée of green vegetables or oil to it.

Today Ki will have one of these nourishing meals before he leaves, and Nicholas will give Ki's mother a prescription for a free supply of cough syrup, knowing she cannot afford to buy it from the pharmacy in town.

Nicholas and Colette appreciate the importance of their work: Infant mortality in Côte d'Ivoire is high at 93 per 1,000. The number of mothers who make repeat visits with their children to the Dabou clinic testifies to the nurses' interpersonal skills, involvement and conviction.

And from those attending the clinic at Dabou and other baby-friendly clinics, messages are spreading, by word of mouth, on how breastfeeding can reduce the country's infant mortality rate.

Julia Spry-Leverton is a consultant writer for UNICEF.



Breastfeeding makes for healthy families, as this portrait from Haiti shows.

Million lives can be saved

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tinued the momentum created by the World Summit for Children and the Earth Summit in Rio, which incorporated the goals for children in its Agenda 21. ICAAC was also the culmination of a series of regional meetings in 1992 on NPAs and children.

Among the commitments spelled out in the final document of the meeting, the Consensus of Dakar, were the commitments of African countries to make NPAs as cost-specific as possible, to restructure national budgets to fund NPAs benefiting women and children and to reduce military spending in favour of human development activities. They also emphasized that efforts on behalf of children should be decentralized and locally managed as much as possible. Of prime importance are the six intermediate goals (*please see box*), which can save the lives of a million children a year and reduce malnutrition and disabilities significantly as well.

These goals are realistic and "doable", Mr. Grant said, even as countries struggle to adjust their economies and weather an international recession and the collapse in prices of their primary exports. For the most part the goals are not cost-intensive and several can be reached by 'piggybacking' them on existing delivery and outreach structures. What are needed to achieve the goals are political commitment and social mobilization rather than additional resources.

For its part, UNICEF committed itself in Dakar to ensuring increased resources of its own and leadership in mobilizing the additional external financing required for supplies, such as vaccines, syringes, oral rehydration salts, iodine and vitamin A required for meeting the intermediate goals.

ODA and debt

Mr. Grant was confident that the commitments made by donors at the conference to increase ODA and to reduce Africa's debt burden to release funds for children could be translated into action with a modest increase in the political will of the industrial countries. He pointed to the new assistance the world raised for the former Soviet Union, amounting to a multiple of total ODA for Africa, as proof that capacity exists.

Similarly, he called debt relief in Africa very "doable." Because Africa's debt, greater proportionally than any other region's, is owed largely to official lenders, it can be 'forgiven', rescheduled or 'swapped' for social development programmes far more easily than moneys owed to private lenders, he said.

Despite concern in the months leading up to the conference about the level of donor participation, 18 donor delegations did attend, with the Minister for Development Cooperation leading Norway's. The World Bank and the African Development Bank were active participants. Both international and African non-governmental organizations (NGOs) participated on a large scale at ICAAC. It was the first time ever that NGOs were included as full delegates at an OAU meeting, a precedent expected to improve cooperation between governments and NGOs, which provide 30 per cent of the aid to Africa.

Africa's future

"Africa is in more difficulty with respect to children than any other region of the world," Mr. Grant said, a fact that imbues ICAAC and its follow-up with great importance. On Africa's part, Mr. Grant hopes its leaders continue to provide the dynamic guidance needed. "President Abdou Diouf of Senegal, as the Chairman of OAU, is writing to every head of State with the Dakar Consensus and calling their attention to the role that they need to play," Mr. Grant said.

Internationally, he hopes to see Africa taken up as a major topic by the G7 in their summit meeting this summer. Such a response by Western nations to the situation in Africa, he said, would give vital momentum to the global children's movement now well under way.

Report on Africa's children reviews problems and progress

"Investing in Africa's children is a *moral and humanitarian imperative*, one which public opinion has been quicker to recognize, in times of crisis, than many developed country governments," according to *Africa's Children, Africa's Future*, a major two-volume report prepared by the Organization of African Unity and UNICEF for the OAU International Conference on Assistance to African Children, Dakar (Senegal), 25-27 November 1992. However, as the report itself notes and the successful conference just ended indicates, governments on the continent are showing new resolve and ingenuity in meeting the many problems they face.

The report clearly sets out, with supporting statistics, the problems the continent faces, the global goals it is pursuing and the strategies proving useful. It describes how Africa's new resolve is reflected in tough national reform policies and in the national programmes of action governments are adopting to implement the goals agreed to at the 1990 World Summit for Children.

The growing commitment of African nations to give 'first call' to children and to turn hard-learned lessons of the past into social and economic progress, comes at a painful time, however — when, as the report says, "the major powers, whose support is vital to the success of these reforms, are preoccupied with other, more 'strategic' regions."

The report and the supporting background volume on specific sectors combine to give a useful and comprehensive overview of the situation in Africa in the areas of health, nutrition, education, water and sanitation, women and the girl child, and children in especially difficult circumstances. The two constitute important resources for those seeking to understand the problems facing Africa and the solutions needed.

Africa sets 1995 child goals

African countries are committed to reach the World Summit for Children goals for child survival, development and protection, including those on education, with special emphasis on the girl child; water and sanitation; infant, child and maternal mortality; and ratification and implementation of the Convention on the Rights of the Child. As way points towards the goals for the year 2000, African countries pledged at Dakar that by 1995 they would:

1. Raise Africa's average immunization coverage level from the 75 per cent achieved for the universal child immunization (UCI) effort to 80 per cent against diphtheria, pertussis, tetanus, poliomyelitis and tuberculosis.
2. Ensure 90 per cent of coverage against measles, by far the most lethal of the vaccine-preventable diseases, and of tetanus toxoid for women of child-bearing age.
3. Achieve 80 per cent usage of oral rehydration therapy in order to prevent dehydration caused by diarrhoea.
4. Virtually eliminate iodine deficiency disorders.
5. Virtually eliminate vitamin A deficiency and its consequences.
6. Encourage exclusive breastfeeding for four to six months and sustain breastfeeding for up to two years of age and beyond, with complementary foods beginning at four to six months.

MAYORS, URBAN PLANNERS MEET IN FLORENCE

City planning for children

By Patricia Lone

New allies in the struggle to improve children's lives are emerging in the crowded streets and neighbourhoods of the world's cities. Some occupy the seats of urban government. Others sit astride shoeshine boxes, perch on bicycles, stand in kiosks. The energies and participation of both — local authorities and urban dwellers — are crucial if the expanding cities of the world are to be better and healthier places for all.

This was one of the central points made at 'Today's Children, Tomorrow's Cities', a week-long meeting of mayors, urban planners and policy makers sponsored by the International Child Development Centre (ICDC) in Florence (Italy) in late October last year. The more than 100 participants included mayors and other senior officials from cities in Brazil, India, Italy, Kenya and the Philippines.

Discussions, which centred on the findings of a three-year research programme sponsored by ICDC, examined the critical problems confronting poor urban children in the five countries above and culminated in a 'Letter from Florence', calling on the world's mayors to become active champions and protectors of children.

UNICEF/1992/Kerry

These babies sleep while their mothers sell snacks and sodas on nearby streets. The needs of city residents —in this case for low-cost day care— usually far outstrip resources allocated to meet them.

An empowering, helping hand

Long considered centres of wealth and opportunity, cities have seen their troubles multiply, overshadowing their possibilities, particularly for the poor.

Their size alone can overwhelm: as many as 2 billion people will jostle for space in cities in the developing world by the year 2000, exacerbating existing difficulties and creating new ones.

The greatest hope, according to participants at the meeting, comes from urban dwellers themselves, a point made by researchers Diana Mitlin and David Satterthwaite in an essay last year. "Low-income groups and community organizations ... have been responsible for developing most new housing and residential neighbourhoods in urban areas of the Third World over the last few decades as a result of their own investments in time and money ... the remarkable fact is how much is created by the people with the least financial resources," they wrote.

Mary Racelis, former UNICEF Regional Director for Eastern and Southern Africa and currently head of the Ford Foundation in the Philippines, stressed a related theme in her keynote address to the conference, which was echoed throughout the meeting. The poor themselves, she urged, need to participate in efforts to improve their lives. "A helping hand needs to be an empowering one," she said.

Lisbet Palme, Chairperson of the Swedish Committee for UNICEF, contended that for people to be empowered, a broad awareness of problems and issues was crucial. "Empowerment is when people decide what and how they want to do something," Ms. Palme said, adding that education is vital in empowering people and in creating the 'living child culture' necessary for progress.

New alliance for children

Mayors and city planners are important new members of the growing cast of actors helping improve children's lives. Over 300 gathered in Rome at the 'Mayors for Children' meeting at the end of 1991; the first International Colloquium of Mayors was held in Dakar early last year; and the second is scheduled for 1993 in Mexico City.

This role for local officials, as well as for community members, is a result of the popular ground swell of democratization and decentralization in the world. On a less positive note, it also reflects a need for cities to fill the welfare gaps created by shrinking federal and central government budgets and to energize often apparently unresponsive bureaucracies. "Countries across the world are increasingly concerned to reduce the level of public control by devolving responsibility for provision from the public sector to the private sector, as well as from central to local government," Caroline Moser wrote in a paper for the Institute of Development Studies in Sussex (UK) last year.

When this happens in the best of circumstances, the involvement of local officials in development work is accompanied by lively collaboration with non-governmental and other voluntary and community organizations, according to Vesna Bosnjak former head of the Urban Section in UNICEF. "Mayors shouldn't just mobilize their own bureaucratic apparatus, but work with non-governmental organizations (NGOs), the private sector and the media in a new alliance in favour of children."

The poverty trap

Brazil's ground-breaking new constitution, Mayor Vitor Buaiz of Vitoria pointed out, mandated that 25 per cent of each municipal budget should go for education. In a world where resources for human development seem ever scarcer, such a commitment comes as a pleasant and telling surprise.

Despite the energy being generated in urban areas to tackle the problems, poverty was repeatedly cited at the conference as the intractable enemy that could sabotage their best efforts. Many speakers emphasized the need for overall poverty reduction as well as for education programmes for both children and parents. "Children are in trouble because families are in trouble," was the way one participant put it.

Cristina Blanc, who coordinated the urban child research project culminating in the Florence gathering, said that the stress which urban children are under is so great that major interventions are called for.

By any other name

One of the more visible groups of children in difficult circumstances in urban areas are those widely known as street children. It is a label many children consider derogatory. "We asked the children themselves and they didn't like the term," said Lourdes Balanon, Director, Bureau of Child and Youth Welfare in the Philippines.

These most visible children are, in fact, working children, who labour long and hard to support themselves and contribute to the support of their families, the meeting stressed. Contrary to a common assumption, most children working on the street live at home or with other relatives. And they take pride in the fact that they earn as much as one third of their family's income. All efforts to help them need to start from that basic fact.

A vision for the future

In Mombasa (Kenya), young people from slum areas are learning new skills through a training programme that answers their needs as well as those of the community.

What the community needed in this case was to realize there was a solution, said Mishi Karisa-Mwatsahu, Director of Social Services in Mombasa. Before the training programme took shape, the public was pessimistic. "They were afraid of their own children," she said.

Participants stressed that efforts that involved communities and took services directly to those in need thrived: Street-based rather than centre-based work is vital, as are, obviously, resources to drive the many efforts taking shape all over. Mayors can be crucial catalysts in developing budgetary support and in coordinating developmental planning with a variety of organizations.

Is optimism possible in the face of competing needs and escalating problems? To most participants, there was no other alternative. And against the gloomy background of cities in crisis, even small successes stand out. A drop-in centre for youngsters is taking shape in Kenya. In the Philippines, local governments will have the power to levy taxes to help finance progress. And on the hills of Vitoria, 200,000 trees and shrubs planted by the city's children blossom.

Patricia Lone is editor of First Call for Children.

In urban areas, 'first steps can be taken by children'

Excerpts from a speech by UNICEF Deputy Executive Director Marco Vianello-Chiodo at the concluding ceremony of the meeting 'Today's Children, Tomorrow's Cities' in Florence (Italy) last October.

Over the past few days you have discussed the major problems of cities: hyperexpansion, depersonalization, lack of services, drugs, violence, children who live in the streets and off the streets...and, the greatest problem of them all, indifference....

UNICEF experience shows that we can focus on children as a starting-point in our attempts to address and solve the problems of adults... Children can be a bridge to peace, a foot in the door leading to broader solutions, a way of highlighting the bonds connecting us...a way of looking each other in the eyes, talking, trying to understand and see things from a similar viewpoint.

In Afghanistan, El Salvador, Iraq, Lebanon, the Sudan and Uganda we have succeeded in stopping wars, interrupting the gunfire even if only for a few days, in order to allow aid for the children to get through.... We hope that a week of 'tranquillity' in the territories of former Yugoslavia [will] allow us to provide assistance to children who have no fire to keep them warm and no window-panes to keep the cold wind out.

History and life are made up of many little steps, small ones like the ones children take, hesitant, uncertain steps forward. But...you've got to take the first step, then you'll find the right road.

In our cities, too, the first steps can be taken by children. This, of course, will mean greater attention, more education, more health care, more protection, more psychological and cultural stimuli, and also better-quality air, more green areas, cleaner and safer cities. But above all it means a greater feeling of participation, more intelligence, more love, more freedom.

Now, luckily, we have a law [protecting children], thanks to those countries that have ratified the Convention on the Rights of the Child, and those other nations that have honest and modern laws, which need only a little touch of humanity to become perfect.

Children, no longer the objects of charity, are now individuals with rights, who contribute intelligently to society and to good politics. They can inspire our rulers and put them on the right track.

One of these right tracks would be for the mayors and administrators of our cities to accept the enlightened vision of Aldo Farina and the Italian Committee for UNICEF and become the defenders of children.

How to interview children who live or work in the streets

UNICEF/Hdz Reny

According to UNESCO estimates, 100 million children work and live in the streets of the world's cities. This boy sells food to bus passengers in Paraguay.

By Felicia Knaul Barker

Data about the situation of working children and others who live in especially difficult circumstances in cities and urban areas around the world can be difficult to collect. Here are interview methods and approaches that can make it easier.

Quantitative research with children who work in urban centres and spend much or all of their time on the streets of cities is particularly difficult to do.

For one thing, such research is structured and seeks precise information about earnings or the number of hours worked in a particular week. But the children interviewed live mobile lives, and many have short attention spans because of their young age or the influence of drugs.

Conducting an interview on the street — where the children are found — also means that background activities distract both the child and the interviewer. Finally, working children resist being interviewed because lost time means lost income.

Methods used, lessons learned

In research done in the Dominican Republic, in conjunction with the non-governmental organization (NGO) Acción Callejera, close to 100 working children were interviewed, using a structured questionnaire which took between 20 and 45 minutes to complete. The children were not under the influence of any drugs. The following insights and techniques may be useful to researchers and interviewers.

• Introduce yourself and state the purpose of the interview to protect the child, as these children are often approached by adults who abuse or mistreat them and should not be encouraged to trust adults they do not know.

• Personalize the interview by using the child's name or nickname. Most children living or working on the street have a nickname.

•Use the child's street language as much as possible.

• Do not refer to earlier periods of time, such as "last week", because children lose all sense of time when they work and live primarily on the street. Questions about the very recent past, such as yesterday, are better.

• Provide reference points when asking about time. For example, even a child who has no idea of the time of day will usually know when a project serves food.

• Pay the children, either in cash or in kind. We talked with window-washers who asked for payment and we gave them what they would have earned in the time they spent with us.

• Give the children something to eat in the middle of the interview to help keep them interested.

• Allow time for an exercise break during the interview. Both the children and the interviewers return refreshed and with better rapport.

• Make the interview participatory to break the monotony. For example, let children sign their questionnaire as part of a literacy test or draw things they speak of while they are being interviewed.

• Use the interview to do street outreach. The interview can be an important contact for a child with an adult who wants to help.

• Leave a card with the name and address of your project.

• At the end of the interview, give the children the chance to tell you anything that might be on their minds that you might not have asked. The interview may be the first time an adult has shown interest in their lives.

New success, new question

In Bogota, we have been successful in conducting up to hour-long interviews with children who use drugs. First we contact the children on the street, filling out a short, census-type questionnaire.

Then, the children are given a ticket or calling card with the address of the project and told they will receive a gift for their participation in the study if they come to the project. Because children accept the fact that they cannot use drugs at the project, it is far easier to conduct a successful interview there.

An important point, which has not been investigated in sufficient detail, is who should conduct interviews. Normally, in standard quantitative research, interviewers are sought who have no interest in or attachment to the population they are interviewing, as they are felt to be less likely to influence the respondent or interpret the questions and answers.

However, in this case, an argument can be made for using interested parties as interviewers. In Recife (Brazil), for example, the NGO Casa de Passagem is collecting data on girls who live or work on the street, involving sensitive questions about sexual experiences. Girls who formerly lived on the street or those now involved in the programme conduct the interviews, because they know how to find girls in similar circumstances and are able to gain their confidence. They also know the language of the street, and can detect lies, a common coping strategy of children living in this way.

Felicia Knaul Barker is director of an inter-institutional study on children and youth at high risk in Colombia, which includes the support of UNICEF Bogota. She is based at the division of social development in the National Planning Department, in Bogota.

Hellenic Committee: Information strategy that works

By Ilias Liberis

In the short time since the Hellenic National Committee for UNICEF was established — 1979 was the year it effectively started functioning — it has grown rapidly, raised approximately $8 million for UNICEF and influenced a broad spectrum of Greek society.

According to United Nations data, in answer to the question "What agencies, bodies or institutions that are part of the UN can you think of?" the highest proportion — 17 per cent — of Greek respondents named UNICEF. In other countries of the European Community, on average, 14 per cent of people answered UNICEF. In the same survey, 71 per cent of Greeks expressed a strong interest in children's issues. And at thousands of collaborating banks and shops all over Greece, the sale of greeting cards, notebooks, books, toys and other products raises income for UNICEF.

Much of this knowledge, interest and support is linked to the Hellenic National Committee's information strategy, which includes advocacy for children and close contact with the mass media through Committee volunteers and its two well-known Goodwill Ambassadors.

Bridge to the people

The Hellenic National Committee's two Ambassadors are Mr. Antonis Samarakis, one of the most important writers in Greek today, whose books have been translated into 31 languages, and Mrs. Helene Glykatzi-Ahrweiler, a professor at the University of Sorbonne, President of the European University and President of the Pompidou Centre. They contribute richly to heightening public awareness of UNICEF. The work of the Committee's 7,400 volunteers is enormously important as well.

The information key

One of the most important means of communication for the Committee is its magazine *UNICEF and the World*, which goes to volunteers, journalists, members of parliament, educators, and companies and their customers.

All those working in the media are the Committee's allies. Television, radio and the print media donate air time and space for UNICEF messages throughout the year. Every year, more than 30 interviews are given to television and radio stations by members of the Executive Board of the Committee and its information officer.

And on Children's Day in Greece, 11 December, all newspapers publish a competition aimed at promoting UNICEF ideas and images. The press also promotes UNICEF concerns through articles on such subjects as vaccination, oral rehydration therapy and children's rights.

Technology helps in the information effort. Names of journalists are in the computer to establish contact quickly. And the fax machine can transmit a news release automatically to more than 200 receivers.

Top priorities

The Committee conducted an intense and successful campaign to inform the public about the Convention on the Rights of the Child, and environmental matters are another important priority. Antonis Samarakis wrote an article on the occasion of the Earth Summit in Rio de Janeiro, promoting UNICEF and its work.

The environment is also the subject of a photo and painting exhibit entitled 'Children's Rights and Environment', which has toured more than 10 cities in two years.

Reaching out

The Committee tries at every step to maintain effective information and communications links with the public. It produces the summary of *The State of the World's Children* report and facts about UNICEF in Greek, edits a number of other articles and booklets and maintains a library of interesting newspaper clippings, videos and books to serve journalists, scientists and students.

With the collaboration of its members and volunteers, the Committee is fighting a peaceful battle, trying to improve children's lives and ensure them a healthy environment. It's a battle certainly worth trying to win.

Ilias Liberis is the Information and Education for Development Officer of the Hellenic National Committee for UNICEF.

As malnutrition grows, expert cites causes for hope

By Ian Steele

More than 2 billion people in the developing world have diets deficient in the vitamins, minerals or calories essential to their normal growth and development. And the situation appears to be getting worse rather than better: Malnutrition is increasing in a number of countries, in particular among women and children.

Urban Jonsson, UNICEF Senior Nutrition Adviser, remains optimistic, however, that the basic conditions that undermine human nutrition in the developing world can be countered effectively during the current decade.

Among the encouraging signs is the growing readiness policy makers have shown in accepting poor people as active participants rather than as passive beneficiaries in the development process.

Another positive development Jonsson points to is the acknowledgement by policy makers that no single approach — be it through health or agricultural measures — will solve the problem. Instead, the interplay of economic, social and political factors impacting people's lives and diets is increasingly appreciated.

Furthermore, a consensus about the causes of malnutrition is being sought through high-level dialogue, enquiry and reflection.

"This is essential," he said. "Because unless there is a reasonable consensus at national level as to the nature and causes of the nutrition problem, we will never agree on what action should be taken."

Food, health and care

According to Jonsson, three conditions are necessary for nutritional well-being: household food security, access to basic health services and a healthy environment and adequate caring practices for children and women. "One has to feed the child, wash the child, take care of the child, stimulate the child, bring the child for immunization. In short, food, health and care are necessary conditions for sound nutrition.

"You will find," Jonsson continued, "in particular circumstances in local areas, sometimes in whole countries, that the condition that seems most difficult to achieve is food security, and you concentrate on that. It is a fact that if there is no food in the household, then there is malnutrition.

"But if you don't control for diarrhoea, acute respiratory infections and measles, it doesn't matter how much food you have. It is also true that if you don't feed the very young child six or seven times a day and provide certain hygienic conditions, it doesn't matter what kind of immunization or food you have."

Jonsson is quick to add that exclusive breastfeeding in the first four months of life is the only human activity that automatically fulfills the three conditions of food, health and care.

Underscoring the goals

The growing support for the nutrition goals established and adopted by national leaders at the World Summit for Children is another positive development, according to Jonsson.

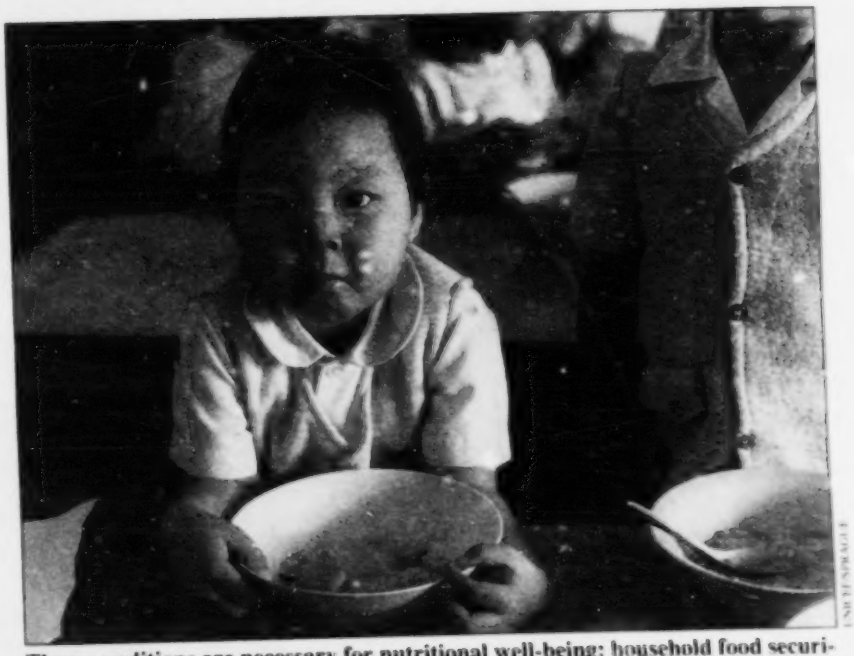
"There have been goals throughout the four development decades, but never before has there been such a clear commitment at such a high level, reinforced by tremendous follow-up in the national programmes of action," said Jonsson.

Those goals, however, weren't mentioned in the preparatory papers for the International Conference on Nutrition (ICN), jointly sponsored by the Food and Agriculture Organization (FAO) and the World Health Organization (WHO), held in Rome in December. UNICEF and the majority of delegations attending the last preparatory meeting felt "that the declaration and plan of action of any food, nutrition, health oriented conference in the 1990s must acknowledge the presence of goals," Jonsson explained.

"While FAO and WHO thought the ICN provided the framework for action," he went on, "we were of the opinion that the framework already exists. The goals have been defined, identified and articulated. Targets have been set by countries, and we are trying to cost their achievement. National governments and non-governmental organizations (NGOs) are already far ahead in this respect."

NGOs or companies

Another issue that arose during the preparatory process was the lack of distinction made between commercial NGO groups from the food industry who were to participate and consumer and people's NGOs.



Three conditions are necessary for nutritional well-being: household food security, access to basic health services and a healthy environment and adequate caring practices. This child benefits from a range of health and nutritional services in a child development centre in Bangkok.

"We took a very firm stand against the mixing of NGOs," said Jonsson. "We did not say that the food industry should not participate. On the contrary, we think they have an important role to play. But we thought they should be clearly identified, along with their interests, as the food industry. We sometimes see a conflict between commercial and ethical interests and not only in the breastfeeding drama."

Jonsson said that NGOs were critical in expanding food, nutrition and health programmes into a global movement against hunger and malnutrition.

Ian Steele is a consultant writer and editor for UNICEF New York.

Hunger in India: malnutrition paradox persists

By Siddharth Dube

It is midday in the Mangalathu slum — one of many that dot this largely urban district of Alappuzha in the state of Kerala, India — and virtually no one has yet eaten any solid food. Most people have drunk black coffee, a lucky few rice water.

Cheliamma, a tiny grandmother, has drunk only water. "We bear the hunger," she says brusquely.

The paradox of hunger in India is revealed in microcosm in Kerala. Hunger there, as the people of Mangalathu know, can be severe. Yet Kerala is also a state long admired for having achieved a life expectancy of 70 years and an infant mortality rate of 17 per 1 000, despite an annual per person income of under US$100. No other Indian province can boast such standards: The incidence of severe and moderate protein-energy malnutrition (PEM) is the lowest of any region of India and the proportion of nutritionally 'normal' children the highest.

Similarly across India, achievements in human development coexist with a disturbing growth in both the proportion and numbers of hungry people.

The Government has made dramatic progress in meeting many of people's health and food needs. Though the population doubled between the 1950s and 1980s, for example, the amount of cereals and pulses available per person per day rose slowly from 430 grams in 1956 to 465 grams in 1987.

The government's efforts have also led to a sharp fall in the incidence of severe childhood PEM — from 15 per cent in the 1970s to 9 per cent today, reflected in an under-five mortality rate that is half what it was 30 years ago.

National programmes have also been set up to control infectious diseases, vitamin A deficiency, anaemia and malnutrition in children.

In addition, a nationwide network of shops sells cheap grains, cooking oil and fuel, and the country boasts one of the developing world's best systems for tracking food consumption and malnutrition levels.

A subtler level

Still, malnutrition persists. The difference appears to be in the degree and visibility.

"There does seem to be some improvement in severe malnutrition," says Meera Shekhar, a nutritionist in New Delhi, who asserts that despite the improvement, fewer than 10 per cent of children in India are 'normal' nutritionally.

Ms. Shekhar cites government statistics which show that over 85 per cent of all young children suffer from mild or moderate PEM — a higher proportion than in sub-Saharan Africa. And while children are the most severely and irreversibly damaged by malnutrition, government data confirm that virtually every second adult suffers from chronic energy deficiency, literally eating too little to meet minimum energy needs. While only a small proportion of these hungry adults suffers from malnutrition — a pathological stage of hunger — most of the hungry lack the strength to work properly and are susceptible to illness. The numbers and proportion of hungry adults have swelled because of growing disparities in income and food consumption (*please see box on p.10*).

Health gains mask malnutrition

Indian experts say a number of factors help explain why malnutrition and hunger persist on this scale and yet are seemingly invisible.

One commonly overlooked reason, they note, is that public health programmes have successfully reduced the incidence of severe malnutrition. The hidden iceberg of moderate or mild PEM in children is less easily targeted by public health campaigns.

"The improvement seen during the past two decades is attributable to a variety of target-oriented health, nutrition and other programmes," says N. Prahlad Rao, Deputy Director of the National Institute of Nutrition, a government research institute in *Hyderabad city*. "However, these interventions seem to control only the worst forms of malnutrition among the vulnerable groups."

In addition, the availability of medical care, immunizations and potent antibiotics has weakened the link between malnutrition and mortality in young children. In effect, falling inf.-" and child mortality rates mask much of

continued on page 10

LATIN AMERICAN AND CARIBBEAN NATIONAL PROGRAMMES OF ACTION

Region offers a diversity of approaches

By Donald J. Casey

Officials responsible for developing national programmes of action (NPAs) in 19 Latin American countries met in Mexico City early this past October to assess the region's progress in implementing programmes prepared to meet the World Summit for Children goals. By the end of last year, 19 of the 34 countries in the region had finalized their NPAs, the highest response of any region in the world.

Speaking at the Mexico City meeting, UNICEF Executive Director James P. Grant praised the region's activities, saying that "through such initiatives, the Latin American and Caribbean region is sending the world a message of unity, enthusiasm and determination."

Convened by Mexican President Carlos Salinas de Gortari on the occasion of Mexico's Fourth World Summit Follow-Up Review Meeting *(please see story on facing page)*, the gathering in Mexico learned about the different approaches countries are taking to implement their NPAs and the striking benefits that such new social policies could bring to the region.

UNICEF has estimated that regional compliance with the goals of the year 2000 would prevent the deaths of 1.9 million children under five years of age. In addition, 86,000 fewer mothers would die; 30 million additional students would be enrolled in primary schools; and severe malnutrition would be reduced in more than half a million young children *(please see table on facing page)*.

With the exception of Haiti, where the political situation has hampered NPA formulation, the region's remaining NPAs are expected to be finalized in the next few months.

Costs and concentrations

Based on data from 12 NPAs, the annual cost of implementing NPAs in the region is expected to be around US$21 billion. The funding anticipated from national sources is US$13.3 billion or 63 per cent of the total, leaving a resource gap of US$7.7 billion or 37 per cent.

Sectorally, approximately 28 per cent of the resources are expected to go to education, 22 per cent to health, 21 per cent to water and sanitation, 11 per cent to nutrition, 2 per cent to children in especially difficult circumstances (CEDC) and 17 per cent to other categories. *(Please see table below.)*

All countries in the region have presented multi-year NPA budgets, some covering the entire decade, others using two- to five-year time-frames. Many have careful estimates of financial costs, some down to the project level.

Several countries that had finalized their NPAs — **Jamaica, Nicaragua** and **Peru** — are already revising them either to allow for greater inputs from different ministries and sectors of society or to refine budget allocations.

In **Mexico**, the NPA has been incorporated into the national budget. Similarly, **Bolivia** conceived its NPA as a 10-year plan for children where an extremely important part of the programme, Child Survival and Maternal Health, was incorporated into the national budget. The main component of the **Argentine** NPA, the Mother and Child Health Nutrition Programme, is to be funded with a US$400 million World Bank loan backed by national funds.

Chile calculated the cost of meeting the goals of the decade at US$700 million a year, a feasible amount out of a social sector budget of US$5 billion.

Defining strengths

NPAs in the region have many strengths. For most countries, they were the first national formulations of social development policy in which diverse sectors of society participated, including non-governmental organizations (NGOs) and the private sector. In the **Dominican Republic**, for example, an interministerial political commission formulating the NPA involved 50 government agencies, 125 NGOs and other representatives.

Many NPAs focused on those in greatest need, in line with the Human Development Initiative of the United Nations Development Programme. The NPAs also realistically adapted World Summit goals for children where complete fulfilment was not feasible.

Decentralized initiatives

The size of several countries made the decentralized formulation and implementation of NPAs a necessity. **Brazil**, for example, which covers nearly half of the South American continent, undertook special initiatives for children with different needs and resources in 27 states. Twenty-four of the country's governors held a Summit in May 1992, where they pledged to formulate state NPAs and to fund them. They also urged the private sector and mayors to hold similar summits *(please see story on facing page)*.

Argentina launched its NPA with a general overall national strategy, urging each of its 24 provinces to elaborate its own NPA. To assist the process, it mobilized organizations such as the Catholic Church, NGOs, the Argentine Paediatric Society and the media.

Chile began its NPA process by carrying out a nationwide social mobilization campaign, the most important ever in favour of children and their rights in Chile, under the slogan 'Let the Children Live'. Cabinet ministers, governors, mayors, civic organizations and NGOs participated actively; the campaign culminated in a two-day social mobilization event in Santiago.

A small town in **Colombia** undertook a very special initiative for children in June 1992. When Giradota, with 27,570 inhabitants, learned from its municipal NPA that 62 per cent of the town's children aged seven or younger suffered from malnutrition, it celebrated Father's Day with a remarkable *Nutreton* (nutrition marathon). For 12 hours the entire town devoted itself to such activities as vaccinating children and pregnant women, educating people about breastfeeding, evaluating nutritional status, sampling foods rich in vitamins and proteins, and advising on and advocating for the rights of children.

Giradota's experience is being translated into a video and a manual to help Colombia's 1,080 municipalities in the NPA process.

Country to country cooperation

For small countries, joint efforts with countries of similar size were often beneficial. At a summit meeting in Tegucigalpa (Honduras) in December 1991, the presidents of **Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua** and **Panama** presented their finalized NPAs and issued the Tegucigalpa Commitment, in which they pledged "to launch a genuine process of human development in the region, emphasizing childhood and youth."

Taking note of the countries' finalized NPAs and pledge, the European Community (EC) committed 16 million ECUs to a mother and child health programme in Central America, building on a previously successful child survival programme.

Monitoring and data generation

Mexico's Executive Committee of the National World Summit for Children Follow-up Commission issues quarterly reports on progress made; provides analyses and suggestions for remedial actions; and undertakes initiatives to secure better information, relying on the country's already highly developed system for generating national social and economic data.

In developing its monitoring system, **Cuba** designed its own goals and indicators for health, water and sanitation, diet and nutrition and education. Every six months, agencies and offices involved in NPA implementation will submit relevant data on the indicators, which will be published and distributed to key government officials and decision makers.

Paraguay, by legislative decree, made several national organizations and NGOs part of the National Coordinating Committee for NPA Implementation and Follow-up. Named were the Catholic Church, Society of Paraguayan Physicians, Paraguayan Pediatric Society and the Paraguayan Red Cross.

Innovative efforts

Costa Rica used the NPA process to address related issues, emphasizing, for example, that everyone was responsible for the welfare of the family, not women alone.

In **Ecuador**, children were encouraged to participate in the formulation and implementation of the NPA, as well as in the programme *Muchacho Trabajador* (the Working Child) of the Central Bank.

Colombia gave special priority to CEDC, with phased goals set for 1994 and the year 2000 in 20 specific areas relating to abandoned children or those in physical danger or at risk of sexual or other abuse or exploitation; for laws governing children; and the defence, application and proclamation of the rights of the child.

Panama placed great emphasis on improving the living conditions of its people, allocating 50 per cent of NPA resources to integrated community development and income generation schemes.

Review and evaluation

With most NPAs to take effect by the beginning of 1993, the Latin American and Caribbean region intends to evaluate implementation by the end of 1993 and again at the end of 1995. While progress is naturally impossible to predict, it is safe to say that by the end of 1992 the region had already taken a giant step forward — through its NPAs — in improving the prospects for the survival and development of its women and children.

Donald J. Casey is a development consultant.

Status of national programmes of action in Latin America and the Caribbean

Completed	In preparation
Argentina	Antigua and Barbuda
Belize	Barbados
Bolivia	Brazil
Chile	British Virgin Islands
Colombia	Dominica
Costa Rica	Grenada
Cuba	Guyana
Dominican Republic	Jamaica
Ecuador	Monserrat
El Salvador	St. Kitts and Nevis
Guatemala	St. Lucia
Honduras	St. Vincent and the Grenadines
Mexico	Suriname
Nicaragua	Trinidad and Tobago
Panama	Turks and Caicos Islands
Paraguay	
Peru	
Uruguay	
Venezuela	

Percentages of projected annual NPA expenditures by sector in selected countries

Country	Education	Health	Water and Sanitation	Nutrition	Housing	CEDC	Other (only major items)
Belize	14	19	27	—	27	13	—
Colombia	62	1	20	—	—	—	16 — housing, nutrition, children's homes
Costa Rica	Costa Rica estimated raising priority social sector spending from 8% of GDP in 1992 to 15% in the most optimistic scenario. No breakdowns were given.						
Cuba	81	12	7	—	—	—	—
Dominican Republic	56	(being estimated)	37	—	—	6	2 — women's programmes
Ecuador	4	26	70	3	—	—	—
El Salvador	16	16	39 (to year 2000)	<1	9	<1	5 — environment and women; 12 — infrastructure
Guatemala	49	41	—	—	—	4	<1 — women's programmes; 5 — social promotion
Honduras	49	26	15	6	3	1	—
Jamaica	14	24	—	—	44	—	16 — social infrastructure
Nicaragua	24	13	—	11	41	1	9 — employment
Panama	11	8	—	4	25	1	50 - community development/ income generation
Paraguay	30	37	20	11	—	<1	<1 — women's programmes
Peru	47	18	10	1	—	1	23 — social emergencies
Venezuela	16	2	21	—	—	—	62 — varied children's programmes

Latin America: Towards the year 2000 goals

Indicators	Baseline year	Rates	Year 2000 goals	If the year 2000 goals are reached
Infant mortality rate (0-1 year) (per 1,000)	1990	52	35	1.3 million infants' lives saved
Under-5 mortality rate (0-4 years) (per 1,000)	1990	69	46	1.9 million children's lives saved
Maternal mortality rate (per 100,000)	1983-1990	225	113	86,000 mothers' lives saved
Severe malnutrition (0-4 years)	1980-1991	2	1	more than half a million children spared severe malnutrition
Access to safe drinking water	1988-1990	80	100	99 million more people covered
Access to sanitation services	1988-1990	68	100	156 million more people covered
Net primary school enrolment ratio	1989	86	100	30 million more children enrolled
Adult illiteracy rate	1990	15	7.5	24 million fewer illiterates

Adapted from *Children of the Americas*, UNICEF Bogota, Colombia, 1992

Mexico meeting discusses social policy to combat poverty

Describing national programmes of action as potential instruments for social change and the elimination of poverty, officials from 19 Latin American countries met in Mexico City on 7 October 1992 to review the progress made in implementing NPAs. At the conclusion of the meeting, the participating countries adopted the 'Tlatelolco Declaration on Behalf of Children', which urged:

- implementation of NPAs through active participation of NGOs, social organizations and private enterprises together with coordinated government initiatives;
- emphasis on local level activities;
- greater budgetary support for NPAs through increased public expenditures on social development or through recovery mechanisms;
- creation of information systems to evaluate programmes;
- coordination of involved agencies and institutions;
- permanent networks to exchange personnel and technical and information resources;
- innovative programmes to enable parents to contribute better to their children's well-being;
- periodic regional follow-up and evaluation meetings.

The participating countries — Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, the Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay and Venezuela — also agreed to convene a regional technical meeting in 1993 on NPA financing, follow-up and evaluation.

UNICEF/1725/Grant

Children in the highlands of Bolivia. The country has a 10-year plan for children as its NPA.

Pact for children in Brazil

Brazil's 'Pact for Children' was created in October 1991, to follow up on the commitments and goals of the World Summit for Children and to encourage broad involvement — of members of society and public authorities — in NPA implementation.

To set the venture in motion, planning meetings were held, drawing representatives from businesses, unions, the Church, professional societies, media associations, parliamentarians and Ministers of State. Then, in May 1992, a National Summit of Governors for Children was convened, whose participants included 24 state governors and delegates from numerous civil and professional organizations. Also present were the President of Brazil, the President of the National Conference of Brazilian Bishops, parliamentarians and heads of political parties.

The 24 governors at the Summit committed themselves "to a new ethic towards the child in Brazil," recognizing "the urgent creation of a Pact for Children that, supported by decentralization and the integral participation of society, will make the implementation of a basic programme of action feasible, towards a rapid solution of problems affecting children and an improvement in the quality of life in the country."

The governors supported the allocation of additional funds for children and proposed that summits of leaders in the private sector and labour unions as well as a summit of mayors be held in each state. They also called for each state government to establish goals and monitoring mechanisms by 12 October 1992, Children's Day, and set a May 1993 target date for a Governors' Summit to evaluate programme results.

THE IRINGA PROGRAMME

Where hunger met its match

By Sally Swing Shelley

Every year in the United Republic of Tanzania more than 200,000 children under the age of five die, often from preventable diseases such as malaria, diarrhoea and pneumonia exacerbated by malnutrition. A full 47 per cent of children under the age of five are malnourished, with between 6 and 10 per cent of those severely malnourished.

The bitter irony of these malnutrition figures is that they worsened after a major successful campaign to increase food production in Tanzania. Women, responsible for cultivating crops as well as caring for their children, were spending long hours in the fields to boost production.

"The problem was that women worked the fields so hard and so long that they had less and less time to care for their children," said Bjorn Ljungvist, a nutritionist who helped set up the Iringa project. "They were so exhausted at the end of the day that they made one meal to feed the child, although we know that a child needs food many times a day. There were no supplemental feeding programmes."

In response to the needs, in the early 1980s, a proposal for a child survival and development programme in the Iringa region of Tanzania was submitted for international funding to the World Health Organization/UNICEF Joint Nutrition Support Programme funded by the Italian Government.

Called the Iringa Nutrition Programme for the region in which it started, it used the issues of nutrition and growth monitoring as entry points for communities themselves to assess and analyse the problems of families with malnourished children and then take action to resolve those problems. The process of assessing, analysing and acting came to be known as the 'triple A' approach.

The results of the Iringa community-based project have been dramatic. From 1985 to 1988, severe child malnutrition in Iringa dropped from 6 per cent to less than 2 per cent, and overall under-nutrition declined from 50 per cent to about 37 per cent. And the cost per child has fallen over time from US$16 to US$5, an impressive indication of the programme's sustainability. In fact, the project's success has prompted its replication, by last year, in more than half the regions and districts in mainland Tanzania and in Zanzibar.

Causes targeted

The frequency of feeding, and not the availability of food, was the key factor identified and targeted in Iringa. Children, who may need four, five or even more meals each day if they are to grow and develop normally, were receiving only one, often a nutritionally inadequate cereal porridge.

An indirect but crucial cause was their mothers' status and workload: women in Tanzania do most of the work, fetching water and fuel, as well as cultivating, according to Asseny Muro, UNICEF Project Officer for community development. This left them little time for child care.

Their workload also contributes to the fact that, overall, women in Tanzania gain less than half the weight women in northern industrialized countries gain during pregnancy. Low weight gain puts their infants at an additional risk of being born at a low birth weight.

UNICEF/Schytte

Growth monitoring is a critical part of nutritional surveillance. Here, an infant is weighed at a hospital in Dodoma (Tanzania).

The red flag of weight

In Iringa, new energy was brought to solving the problem of malnutrition, according to Mr. Ljungvist, by making children's weight a measuring tool and a signal for further action. Weighing stations were established in the villages and weighing days held.

A child's weight was entered on one of the growth chart's sections, which were distinguished by three colours: If a child's weight fell on the green area, then the child was healthy; if it fell on grey, it meant that improvement was needed. A weight recorded in the red was a loud and clear signal that the child was in danger. Each mother was given her child's growth record.

"Women, even if they couldn't read or write, could see whether their babies were of the right weight for their height," Mr. Ljungvist explained.

With the nutritional problems made obvious, communities addressed the underlying causes. Men and boys fetched firewood, relieving some of women's burdens, and new, more efficient stoves were introduced to speed cooking time.

And supplemental feeding programmes were set up in child-care centres, where mothers could leave their children during the day while they worked in the fields, with meals coming from the villagers' own food supplies.

Two trained village health workers, a woman and a man, were responsible for arranging regular village health days, where all children were monitored for growth. The health workers also helped provide immunization, preventive and curative maternal and child health services and other help and advice, on sanitation and access to safe water, for example.

Foundation for success

One feature favouring the success of this programme is that the Government of Tanzania has created a powerful institutional framework at national, regional and district levels to support further community-based activities.

In addition, the President of Tanzania, Ali Hassan Mwinyi, created a new Ministry for Community Development, Women and Children's Affairs in response to the call for action raised at the World Summit for Children. And in all the community-based programme areas, the Government also appointed child survival and development officers.

The success of Tanzania's nationwide community-based child survival and development programme could serve as a model for other nations to follow in their own efforts to achieve the goals of the World Summit for Children.

Sally Swing Shelley has worked with several United Nations agencies and was a director of the Non-governmental Organization Section at the United Nations.

Hunger in India

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the malnutrition that exists, a pattern particularly evident in Kerala.

"The assumption that low mortality implies low morbidity and an absence of malnutrition is ... belied by the nutrition and morbidity surveys and anthropological investigations ... which point out that low food intakes are indeed prevalent in Kerala and that these are reflected in poor nutritional status and in the high incidence of disease," writes Meera Chatterjee, a public health expert.

There are fears that growing numbers of children will escape death only to lead lives of chronic hunger.

Experts say that national redistributive and welfare policies need to complement the existing public health programmes if chronic hunger is ever to be reduced.

"The basic reason for most nutrition problems is poverty, and as nutritionists there is not much we can do about this factor," says Dr. N. Prahlad Rao of the National Institution of Nutrition.

In a recent paper written with other nutritionists at the Institute, Dr. Rao noted, "The results of repeat surveys [on nutrition] underscore the inadequacy of these programmes to offer a lasting solution to the problems of chronic hunger and malnutrition which have roots in poverty and deprivation. Eradication of malnutrition needs a comprehensive nutrition policy with clear-cut goals and a definite time-frame for achieving these goals through programmes aimed at increasing the purchasing power of the poor on one hand, and strengthening public distribution system [of food grains] on the other."

Siddharth Dube is an Indian journalist with a master's degree in public health, whose work has appeared in The New York Times, The Washington Post and leading publications in India. His research on hunger in India was supported by the Panos Institute, U.K.

Food consumption down; the poor at greatest risk

Between 1961 and 1983, the percentage of people in India unable to secure minimum dietary requirements swelled, notes a United States Agency for International Development paper by Saroj Gupta, an economist.

In the 1960s, for example, in the rural areas of Gujurat and Madhya Pradesh states only 10 per cent of people were unable to meet minimum calorie requirements.

Twenty years later, the percentage of people with calorie-deficient diets had climbed to 80 per cent in Gujurat and 70 per cent in Madhya Pradesh. In Uttar Pradesh, India's most populous state, the percentage increased from 20 to 80 per cent. In fact, only the rich agricultural state of Punjab succeeded in maintaining a majority of people on adequate calorie supplies. Urban India witnessed a similar rise in the percentage of people unable to meet minimum energy and protein requirements during the period.

The poorest suffer most intensely. Average daily calorie intake by the poorest 30 per cent of people in the rural areas fell from 1,500 kcal to 1,200 kcal over the period. For the poorest 10 per cent of the population in both rural and urban India, calorie intake remained at around 1,100 kcal, with a low of 500 kcal in Kerala.

"The lower deciles, who could earlier just manage an adequate diet or a slightly deficient one, had their diets deteriorate severely to the point where they joined the abject poor," writes Gupta. "The poverty level thus increased substantially in most of the states from 1961 to 1983." — *S.D.*

Helping AIDS patients cope: Ugandan NGO shows the way

By Susan Guthridge

Noerine Kaleeba, co-founder of the AIDS Support Organization in Uganda.

"We have a saying in Uganda," says Noerine Kaleeba. "If a snake comes into your house, do not waste time asking where it came from. Kill it first and ask questions later."

The saying epitomizes Ms. Kaleeba's response when she came face to face with the "snake" of acquired immune deficiency syndrome (AIDS).

Out of the encounter has grown the AIDS Support Organization (TASO) in Uganda, a unique grass-roots success story. Ms. Kaleeba helped found TASO in 1987 and today the group counsels more than 5,500 AIDS-infected people in Uganda and is studied as a model worldwide. The lessons learned can be useful to many in the growing AIDS pandemic.

How it began

In 1986, a telex turned Noerine Kaleeba's life upside-down. Her husband, Christopher, who was studying for a master's degree in England, was critically ill. Noerine left her four children with her sister to join Chris at hospital, where she learned he had AIDS. It was also where she learned the value of counselling.

When Chris recovered from the infection that had hospitalized him and returned home to Uganda, he and Noerine discovered that former friends, colleagues and neighbours wanted little to do with them. They found fellowship instead with others in similar situations.

Because Noerine worked as a physiotherapist at Mulago Hospital in Kampala, she was able to seek out AIDS patients and their families, inviting them home to share meals, exchange information and enjoy companionship.

Chris and Noerine believed that their openness about AIDS would help other people. "If it could happen to us, it could happen to anyone," she says. "We were a young, married couple. We were educated. We had a family and a house. We knew other less privileged people would have a terrible time."

Then Chris died, and Noerine says she could not simply resume her life as before. She reorganized the support group she and Chris had begun to help people with AIDS or infected with the human immunodeficiency virus (HIV). Seventeen people joined.

How to raise money seemed a mystery, but the need for food, medicine and transport for health care for the ill was all too clear. The group approached the Ministry of Health, stated their plans in writing, and TASO was registered as a non-governmental organization (NGO) in November 1987.

A good strategy

Noerine faced scepticism about helping people with AIDS in the early days.

Government ministers and funding sources asked, "Why do anything when they are dying anyway?" She convinced them the strategy made sense for Uganda.

An estimated 1.3 million people in Uganda are HIV-positive, the majority of them adults between 16 and 40. Mothers and fathers of thousands of children, they fall ill when they have much to contribute to their communities and especially to their children. Supporting them, Noerine explains, is good strategy. "Spare no efforts at prevention, but when I have AIDS, it is important that you support me, to improve the quality of my life and give me a bit longer, because during that time my children are not orphans," she argues.

When children are orphaned, they must depend on their extended families and the inadequate social services of a country just beginning to recover from two decades of civil war.

Orphanages are seen as a last resort by TASO, whose counsellors support any family-based approaches, from placement with grandparents to child-headed households.

Empowering communities, strengthening families

Once approved as an NGO, TASO received funding and started distributing donated food, linen, medicine and money for school fees. This worked well for a few hundred clients, but the numbers soon climbed to the thousands. The donations also seemed to isolate people, Noerine says.

TASO still provides essential help, but now tries to strengthen the structures for care in villages or urban communities. Noerine encourages newcomers to research existing services. She says complementary services are better than parallel, and services integrated with primary health care and specialized AIDS clinics are the most effective.

Such community-level support helps restore the family's role as caretaker, a role HIV/AIDS disrupts. Noerine explains, "With most illnesses, I would tell my mother, then she would tell my aunt, and soon the family would be a support system all around me. The family would decide what to do.

"AIDS is different. I don't want my mother to know. If I have AIDS, I go hide in a hospital."

Eventually, the illness is perceived not as a family problem but as a hospital problem. "AIDS will destroy enough in our communities. If we allow it to destroy our families we can never repair the damage," she emphasizes.

Accepting feelings, staying small

TASO now operates with a staff of 250, including counsellors, administrators, doctors and nurses, about two thirds employed full-time. From a counselling centre in Kampala, it has grown to provide services in government hospitals in Entebbe, Jinja, Masaka, Mbale, Mbarara and Tororo. Day centres offer lunch, fellowship and income-generating activities. TASO holds medical clinics, arranges visits to homes and hospitals and trains counsellors.

But its size is a matter of some concern; Noerine encourages new groups to stay small.

"I never meant for us to become a large organization. I want us to be a family," she says, adding that small groups can be effective, responsive and manageable. Next year, TASO will limit its expansion to training capacity, outpatient clinics and home-based care.

TASO also disseminates accurate information to prevent transmission of HIV and to confront fear and misunderstanding.

Members of TASO have recognized the need to address their own anxiety about HIV/AIDS as well. Hard work needs to be done before someone comes to terms with the stigma surrounding HIV/AIDS and becomes a leader to whom others look for inspiration.

Quality of life, quality of time

TASO's funding, once sporadic and short term, is now more secure, allowing it to plan and to attract professional staff. Noerine's supporters in the United Kingdom — ActionAid and World in Need — have been joined by others, including the World Health Organization, the United States Agency for International Development, the Danish International Development Agency, the Red Cross and UNICEF.

The organization's plan for positive living — good food, laughter and prompt health care — has improved the quality and length of life for many in Uganda. Noerine is proud of the time parents have gained to raise their children. She is determined to return care of those with HIV/AIDS to the traditional setting of the family. And she hopes her work will create a better future for her daughters.

As for herself, Noerine was tested once some years ago for the virus and the results were negative. She is unwilling to be tested again. Instead, she lives as if she is HIV-positive.

That way, she says, each day is a bonus.

Susan Guthridge is a UNICEF consultant in Geneva, where she interviewed Noerine Kaleeba during a recent visit.

Environmental protection

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Land ownership poses another major problem. In Latin America, for example, 1 per cent of the landowners own as much as 40 per cent of the arable land. And the situation is not much better in Asia and Africa.

All of these points underscore how important it is for the poor to satisfy their basic needs for daily food, water and firewood in a sustainable way, if the environment is to be protected.

Key changes needed

Environmental damage caused by poverty can scarcely be diminished unless changes take place in the following key areas:

- Pressures on forests must be relieved by raising grain production in arable lands, by promoting migration away from vulnerable agricultural areas and by instituting comprehensive agroforestry practices. These include planting fast-growing trees and cereals side by side, which can substantially prevent erosion, raise grain production per hectare and at the same time provide sources of firewood, cattle feed and soil conditioners.
- New jobs have to be created outside the agricultural sector by promoting entrepreneurship through cheap loans, education and marketing. Small- and medium-sized industry should be supported more strongly through the manufacture of consumer goods, which are in short supply in rural districts. At the same time, industries that process and develop a country's own raw materials should be encouraged.
- Basic amenities for both rural communities and urban slum-dwellers, especially water and sanitation, should be developed. Education about basic health, including family planning, is essential. Land use should be rationalized everywhere to enable the poor, including those in cities, to produce much more of their food.

The price of progress

In Rio, the question most heatedly debated was how to finance the preservation and improvement of the environment in poor countries.

Even before the conference started, the idea of imposing a 'carbon tax' on fossil fuel use to help reduce consumption was rejected because of resistance from rich countries. This is unfortunate because a carbon tax of US$100 (per emitted ton of carbon) on fossil fuels would yield US$560 billion a year, with 20 to 30 per cent being directed to developing countries.

Instead, in a compromise, it was suggested that the funds needed for the environment be generated by doubling current development assistance, from its present level of US$55 billion to US$125 billion.

Much will depend, therefore, on how seriously industrialized countries take their obligations. Judging from past performance, there seems little reason for great optimism.

In the final analysis, much will also depend on how well the poor are empowered to own, protect and use their own resources to improve their own lives. Too few political leaders recognize that sustainable development is impossible without the involvement of local people and without safeguarding people's right to a decent standard of living.

Professor U.B. Lindstrom is Executive Secretary of the Finnish Committee for UNICEF.

NEWS BRIEFS

TREATING RIVER BLINDNESS: Over 4 million tablets of ivermectin — a drug that can halt the development of onchocerciasis (also called river blindness) — have been distributed free of charge in Africa by the drug's developer, Merck & Co., in cooperation with the World Health Organization (WHO). Distribution is accelerating in Latin America as well. An estimated 17 million people suffer from the disfiguring and blinding parasitic disease; 90 million others are at risk. A single annual dose of ivermectin (brand name Mectizan) kills the filarial worms that cause the disease, without producing severe side-effects. In the donation programme, Merck delivers the drug to an affected country, where it is distributed by the government, physicians and development organizations. For the year 1992-1993, Merck, which has offered to provide the drug free of charge for as long as it is needed, donated Mectizan tablets to the U.S. Committee for UNICEF valued at between US$5 million and US$6 million.

WHY YOUNG PEOPLE SMOKE: Results of a recent study among European youth indicate that the strongest motivation in a young person's decision to try smoking is the fact that a best friend smokes. Age is the second motivating factor — the number of regular smokers increases at ages 14 and 15 — followed by the influence of leisure activities (such as parties or dances). Smoking by other family members, the view that smoking has a favourable effect on relations with others and the perception that smoking keeps one slim and soothes the nerves also influence the development of the habit. In the USA, a recent survey found that teenage smoking is on the rise: 32 per cent of high-school students surveyed said they had smoked cigarettes in the month preceding the survey.

PROJECT FIGHTS POLIO: The organization Doctors of the World USA has launched an emergency paediatric vaccination project in Kosovo, an Albanian enclave of Serbia. Calling the spread of the disease a bonafide epidemic, Dr. Alan Ross, project leader, said that the 10 documented cases of children paralysed by polio in the area meant that "between 1,000 to 10,000 children have been infected by polio but may not have displayed the symptom of paralysis."

KICKING OFF A CLEAN-UP: Turning poor children in Nairobi slums into environmental activists has been a 'team' effort, thanks to Bob Munro, a consultant environmentalist who is helping transform the lives and neighbourhoods of a number of poor Kenyan youths. To encourage the boys to clean up the garbage and waste in their areas, the youths were organized into football and netball teams, all vying for the Mathare Youth Sports Association Cup. There's more than one way to score points towards the Cup, however. In fact, a team participating in a clean-up exercise earns four points while a victory in a match earns the team only two. The initiative has spread to all the eastern and northern slums of Nairobi, with about 250,000 residents. (From IPS)

ECUADOR CAMPAIGN COMBATS DOMESTIC VIOLENCE: A campaign launched late last year entitled 'Violence Against Women Violates Human Rights' helped publicize the extent of domestic abuse that is estimated to affect nearly 80 per cent of women in the country. The campaign organizers, including women's rights organizations in Ecuador, the Government of the Netherlands and UNICEF, hope to ensure that the issue of domestic violence forms part of the agenda of the next United Nations assembly on human rights. (From IPS)

CHILD RIGHTS CONVENTION IN BRAILLE: The UNICEF Tokyo office, thanks to the efforts of staff members Ms. Nagayo Sawa and Ms. Kazuko Uemura, has produced the Convention on the Rights of the Child in Japanese Braille. Copies of floppy disks, produced on special Braille computer software, will be made available to interested institutions, groups and individuals. Mr. Anwarul Chowdhury, UNICEF Tokyo Director, plans to publish the Convention in English Braille as well.

PEACE ON THE CALENDAR: "On the other side of the road is a child who calls for my help. If I go to the child, I will be shot or tortured. But if I don't go, I will never be alive inside." This response from Arn Chorn of Cambodia and others from around the world is one example of the thoughts of young people on the pain of war expressed in the 1993 Peace Calendar of the War Resisters League. The calendar is US$12.95, or four for US$48 and can be ordered from the War Resisters League, 339 Lafayette Street, New York, NY 10012. New York State residents should add sales tax; orders outside the U.S. should include US$1.50 postage per calendar. Allow four weeks for delivery.

FEELING SAFE: Listen to children and believe what they say, advises the Sexual Abuse Prevention Programme resource kit produced by the Child Alert Trust in Wellington (New Zealand). This sensitive and thorough kit includes videos for both adults and children, a handbook, leaflets for photocopying, an audiotape of songs and a procedures guide. Copies are available for US$150 from Ms. Rochelle Brader, the Child Alert Trust, P.O. Box 223, Wellington, New Zealand. Fax: 64 4 566 7654.

BOOKS

***Household Food Security: Concepts, Indicators, Measurements*, by Simon Maxwell and Timothy R. Frankenberger, UNICEF and IFAD, New York, 1992.**

When a family begins selling key domestic assets, it indicates an extremely high vulnerability to food insecurity. This is one of the multitude of warning signs and related facts on food security contained in this publication, jointly sponsored by UNICEF and the International Fund for Agricultural Development (IFAD) as a follow-up to discussions at the UN Subcommittee on Nutrition. The book offers a well-documented review of the concepts and uses of the term 'household food security', as well as describing many of the practical tools and methods used for monitoring it. The book will be useful to those working in the field of household food security, policy makers, agricultural extension agents, international agencies and universities/training colleges. Copies are available from UNICEF and IFAD.

***Women and Education in Latin America: Knowledge, Power and Change*, edited by Nelly P. Stromquist, Lynne Rienner Publisher, Boulder (Colo.) and London, 1992.**

This anthology of essays by prominent women academicians examines the role education plays in gender-related issues and social change in Latin America. What emerges is a bittersweet picture of the constraints, tensions and advances women have made educationally in the region. The recurring themes are women's persistent subordination in the educational system, and the need for social justice and new social relations.

In the essay on Mexico, the author describes how women play only auxiliary roles in the National Union of Education Workers in Mexico, even though they outnumber men. However, the author notes that "women's active participation in dissident movements shows their interest in changing the institution that controls them as professional teachers."

"Equal education must begin with a deep debate of the conditions and gender ideology underlying education," says the author of the essay, 'Education, Democratization, and Inequality in Brazil', which presents data showing how white and black men earn more than white and black women of comparable education in Brazil.

The essays also give evidence of the steps that women in Latin America are taking to solve the problems. A programme of popular education described as "organized, systematic educational activity carried on outside the framework of the formal system to provide selected types of learning to particular subgroups in the population," is one empowering alternative.

The book details how popular education is helping transform the condition of women in the region, but also acknowledges that education policies still primarily address the young, and thus ignore the fact that what children learn will be lost if parents don't enter the literate world at the same time.

The essays, well supported by statistical tables and extensive references, provide an interesting insight into how gender biases in Latin America accumulate through the educational system, are passed on, and become accepted as a normal state of affairs.

AIDS crisis spurs Honduras into action

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in other populations. It's a crisis."

One reason for the rapid spread of the disease, adds Dr. Padilla, is that when AIDS first appeared in Honduras, people considered it a disease of homosexuals and so heterosexuals didn't protect themselves.

Today 77 per cent of the confirmed cases result from heterosexual interaction. In contrast, only 15 per cent are due to homosexual or bisexual relations. The number from blood transfusions or intravenous drug use is negligible.

Toll rising still

The World Health Organization warns that outside of Africa, Honduras, Haiti and Thailand have the highest prevalence of the fatal disease. In Honduras, with the highest number of confirmed AIDS cases in Central America, the spread is alarming.

More than 3,000 people have been diagnosed as having HIV and more than 2,000 of those already have AIDS, representing 60 per cent of all AIDS cases in the region.

The northern industrial city of San Pedro Sula has been hit the hardest, accounting for 40 per cent of Honduras's AIDS cases, and 20 per cent of all of Central America's.

But these figures are only of cases reported through the country's public health system. Dr. Padilla points out that since the reporting system is not confidential, anyone who can afford to goes to a private clinic, and those figures are not divulged.

He estimates that as many as 100,000 people in Honduras, with a population under 5 million, currently carry the AIDS virus. More than 600 have already died. Health authorities estimate that every day two more people become infected, many of whom are women.

Effects on women and children

Already, more girls aged 16 to 20 years old carry the virus than do boys in the same age-group. Those are also the years when the majority of girls start having babies, leading to a fear that the number of AIDS-infected infants will skyrocket in the next few years.

Honduras already accounts for 71 per cent of all paediatric AIDS cases in the region: 3 per cent of those infected in Honduras are children under five.

Stemming the tide

Having already undertaken a public and political AIDS awareness campaign, UNICEF recently expanded its scope through collaboration with the La Lucha Contra El SIDA clinic in Tegucigalpa.

The help enabled La Lucha to move late last year from its cramped three-room clinic to a much larger office. Its new location in the city's red-light district facilitates its expanded, comprehensive campaign to educate prostitutes about AIDS and the importance of condom use.

UNICEF and the clinic are developing other activities to stress AIDS prevention, particularly for teenagers. Dr. Padilla said the need is clear. "In Honduras, almost 45 per cent of cases were infected when they were adolescents."

Unfortunately, the campaign was too late for Suyapa, who found she is infected with HIV. Her infant son, Franklin, only 20 days old, is still too young to be tested. But the chances are high that he, too, will be touched by the deadly epidemic sweeping Honduras.

Donna Paine is a consultant writer for UNICEF Honduras.

The world dedicates a year to indigenous people

The United Nations General Assembly has proclaimed 1993 as the International Year for the World's Indigenous People. During this Year, the international community will address the needs of indigenous people worldwide, including an estimated 300 million culturally diverse people in more than 70 countries from the Arctic regions to the Amazon to Australasia.

Although it is difficult to identify and therefore accurately count their numbers, the UN has arrived at a workable, if cumbersome, definition of indigenous people. They are descendants of original inhabitants who have been reduced to a non-dominant or colonial status, through conquest or settlement by people from a different cultural or ethnic origin. Indigenous people are identified as those who live in greater conformity with their own historical traditions than with the institutions and culture of the countries they inhabit. They continue to face daily cultural disruption, physical displacement, neglect, discrimination and exploitation; their living conditions are often the poorest in their countries.

UNICEF/Stone

A woman and child from Papua New Guinea.

According to the Independent Commission on International Humanitarian Issues, indigenous people are defined by four characteristics: pre-existence, non-dominance, cultural difference and self-definition, i.e. they are those who call *themselves* indigenous.

Throughout the world, the UN family of organizations will support the efforts of indigenous people to overcome long-standing problems related to human rights, environment, social and economic development, education and health. In keeping with its theme, 'Indigenous people: a new partnership' the Year will provide a platform for indigenous people themselves to promote an understanding of their cultures and their needs. This means they will directly participate in planning, implementing and evaluating projects affecting their future.

Non-governmental organizations with programmes in areas where indigenous populations live have many opportunities to contribute to the Year's objectives. Presently, Member States are showing little interest in the Year, either with financial support or programme activity at the national level. Therefore, NGO support can be decisive in determining the outcome of the Year. They can be particularly instrumental in two major areas — information and programmes.

Programme development and support

In this area, NGOs can be effective by developing proposals for programmes to be implemented in conjunction with UN agencies; helping fund and implement projects developed by indigenous communities; expanding networks of organizations that could support the efforts of indigenous people; and monitoring and supporting activities at the national level undertaken by governments.

Information dissemination

NGOs can translate and distribute information materials generated by the UN on the Year; increase awareness among peoples of the legal instruments that protect the rights of indigenous people; use the media to increase awareness of indigenous concerns; and publicize and promote special programmes and events organized by indigenous people in support of the Year.

UNICEF/Lane

This young refugee from Bosnia-Herzegovina lives in a camp near Zagreb.

Indigenous children in Latin America: Stripped of their identity

By Mercedes Roman

I remember an 11-year-old indigenous girl from Ecuador. Her name was Rosario, and she had come to Quito, the capital, from a nearby indigenous community. Like many other children, she survived by selling flowers at night in restaurants and bars, but we all knew that she had one foot in the flower business and another in prostitution.

Rosario had no parents and sometimes would return to her community with money to help her grandmother. But she spent less and less time in her community as her survival depended on living and working in the city.

According to UNICEF categories, Rosario was a 'street child', a 'working child', an 'abandoned child', a 'child at risk', and a 'child in especially difficult circumstances'. In the context of the Convention on the Rights of the Child, Rosario was a child deprived of her rights to a family, to education, to her basic needs, to development, to love and protection as a child.

And like thousands of other children in Latin America, Rosario was also an indigenous child in the process of losing that identity. Families who remain in indigenous communities are able to pass on to their children a semblance of cultural identity. But for children forced to leave their communities, the loss of identity aggravates an already painful and debilitating situation.

Emigrating to the cities, indigenous families live in extremely overcrowded conditions, one single room for one or more families. They are the drop-outs from school, not only because they need to work, but also because they seem to be aliens in a school that uses a language that is not theirs. Like Rosario these children face the shame, taunting and invisibility of a racism that strips them, not only of their colourful and distinctive clothes but also of their identity and self-esteem.

Indigenous children in cities often work in hazardous conditions or survive by begging or stealing. There is a high proportion of indigenous people in prison, often because they are unable to defend themselves or find 'contacts' to help them. There is a popular saying in Ecuador: "The law is only for those who wear **ponchos**."

For those children who remain in the rural areas, it is difficult to say if the alternative is better or worse. They suffer more severe economic hardships, and many children live with only their mother or other relatives because men migrate to the cities for employment. Some children do not go to school at all.

The education systems in rural and indigenous areas provide other examples of discrimination: underpaid teachers; one-room primary schools with only one teacher; schools, teachers and educational systems that do not respect the language or traditions of these children.

Besides education, nutrition indicators show the extreme marginalization of indigenous children. They have the highest rates of malnutrition, lower height and weight, greatest rates of vitamin A, iron and iodine deficiencies. It is in indigenous communities that goitre, a result of iodine deficiency, is most heavily concentrated.

In countries experiencing civil war, indigenous children are the most affected, most often the ones to lose their parents and become the 'non-accompanied children', 'refugee children', 'displaced children' or 'child soldiers'. The street children of Guatemala City are frequently orphans of war. Sendero Luminoso, or Shining Path, the armed insurgency force in Peru, has put a special emphasis on recruiting indigenous children.

The UN has proclaimed 1993 the 'International Year for the World's Indigenous People'. But what will the Year bring to indigenous children in Latin America today, to those pushed to the outermost extremes in the ongoing process of marginalization and stripped of their identity?

Mercedes Roman is the Representative to the United Nations for Defense for Children International.

Relief reaches former Yugoslavia

During the 'week of tranquillity' launched by UNICEF in early November last year, Church World Service (CWS) gave the U.S. Committee for UNICEF a US$1 million cheque to buy blankets. The blankets were part of the relief supplies delivered to children and their families in former Yugoslavia.

In presenting the gift, CWS Executive Director Lani Havens said, "We realize that blankets are not an answer to war, but perhaps they can become a symbol of human caring, a recognition of our common humanity, and a recognition of one another as children in the same global family."

CWS spends about US$2 million annually to provide blankets as part of disaster response efforts. In recent months, CWS blankets have been part of the work with refugees from Somalia, support for hospitals in the Middle East and aid to victims of Hurricane Andrew in Florida (U.S.).

In addition to disaster relief, CWS supports long-term self-help development projects in 70 countries and has resettled nearly 400,000 refugees in the U.S., most of them fleeing war and discrimination. Formed in 1946 to send aid to postwar Europe, CWS has an annual budget of US$45 million.

Congratulations to Rigoberta Menchu

The NGO Committee on UNICEF joins with many others in congratulating Rigoberta Menchu on being named the Nobel Peace laureate. This recognition of her undaunting struggle for her own community and the inspiration she has provided to indigenous communities in Latin America is long overdue. It also draws the world's attention to the urgent problems, needs and legitimate claims of indigenous people as the UN observes 1993 as the International Year for the World's Indigenous People.

Ms. Menchu's recognition is a powerful tribute both to her individual leadership and through her to the indigenous people of Central America whom she so ably represents.

— Paul F. McCleary, President, NGO Committee on UNICEF.

UNICEF/Mera

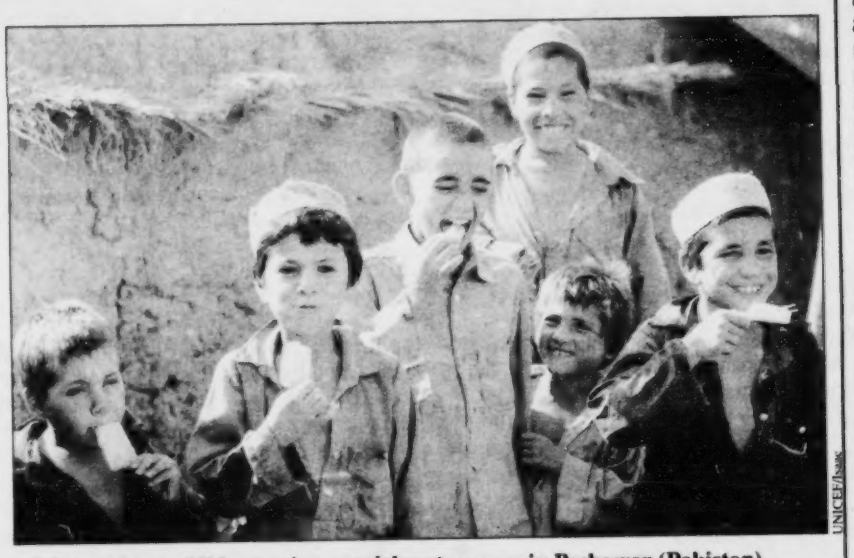
Nobel Peace laureate Rigoberta Menchu at UN Headquarters.

CORRECTION: In the Oct.-Dec. 1992 issue, the credit for the photograph on page 13 should also have included *The Times of India*.

Cultural conflicts challenge NGOs in refugee community

Throughout the world, many NGOs face the daily challenge of doing their work while dealing with different cultural and religious values. The following is a story of NGOs that face this dilemma in an Afghan refugee community.

By Imrana Khwaja



UNICEF/Image

Afghan refugee children enjoy popsicles at a camp in Peshawar (Pakistan).

The battle among rival Afghan factions for control of their capital, Kabul, has had a direct impact not only on the vast numbers of refugees living across the border in Peshawar (Pakistan) but also on many of the 150 NGOs working in the refugee community, one third of whom are from the West. Tensions surface occasionally between relief workers and refugees from different worlds and value systems. The most ticklish issue is the status of Afghan women.

In the last few years, the Western NGOs in particular have faced the hostility of the mujahidin. NGO workers have been attacked, and in late 1991 an engineer from the International Rescue Committee was killed. A widows' camp set up by Shelter Now International was razed to the ground. Motives for these attacks have not been ascertained, but there is a general fear that both the refugees and the mujahidin are hostile to NGOs that work with Afghan women.

The office of a Danish NGO that runs income-generation schemes for refugee women is closely guarded by armed men behind its massive iron gates. Its project manager, who asks not to be named, says: "The attitude to women hasn't improved at all in the last few years. In fact, they are being restricted more and more."

For several months following the Persian Gulf War, when tensions ran especially high, the project was forced to close after local councils, *shuras*, run by influential males, decided to fine any women working for the project 5,000 roubles (then worth close to US$100).

Afghan women working in similar projects received a communiqué from a group known as the Young Mujahid Guerrillas of Afghanistan. It insisted that "no Afghan woman or girl [should] contact a foreigner or work with them in non-Islamic organizations," warning of "serious consequences" for those who did. The women still go to work but are afraid. "I don't even like shopping alone any more," said one. "Even the shopkeepers can't accept that I go out to work."

While political factionalism accounts for some tension, the targeting of these programmes is rooted in a clash of culture and lifestyles. The Afghan refugees come from a largely rural, tribal, patriarchal Islamic society, clinging to their customs and beliefs even as their world has disintegrated around them.

The fear of repercussions has kept some NGOs away from women's development projects entirely. The Austrian Relief Committee runs health care and sanitation programmes and provides training in skills like masonry and carpentry in camps. But despite pressure from donor agencies, it is unwilling to branch out into women's programmes. "It's just not worth the risk," says the acting director, Peter Chamberlin.

Other NGOs, however, say that cultural sensitivity is needed to relieve the tension and allow the work to continue. A lot of antagonism that the women's programmes face is self-inflicted, according to Marilyn McDonald of Save the Children Fund. "Some organizations proselytize," she said. "Others don't show enough sensitivity to Afghan culture. We have never had any trouble with women's programmes."

When the International Committee of the Red Cross (ICRC) began education programmes, classes for both sexes were held in the same building. Afghans, who believe in gender segregation, objected to the fact that men could see the women going to their classes. "We split the men and women up into separate buildings and there were no more objections," says an ICRC worker. "If male leaders are involved in women's projects from the planning stage, most of the suspicion and antagonisms can be avoided," says Nancy Dupree of the Agency Coordinating Body for Afghan Relief (ACBAR).

Direct or indirect, fundamentalist pressure has, however, succeeded in creating a climate of fear or embarrassment. When a fundamentalist newspaper criticized the women participating in an education project, according to one aid worker, "saying that all they did was laugh and drink tea, they automatically became subdued, even though they knew the criticism was ridiculous."

Even an NGO like ACBAR, which works with all groups, including fundamentalist parties, admits that speaking of freedom of movement for women is impossible. The message that a good Muslim woman is one who stays home has permeated the camps, says Ms. Dupree. As the mujahidin take over Afghanistan and build an Islamic state, that may be the price Afghan women will pay for the 'liberation' of their country.

Imrana Khwaja is a Pakistani journalist who writes for the Women's Feature Service, an international news service based in New Delhi, India.

Newsletters and publications

Human rights
Human Rights Africa (HRA) published its first biannual *HRA Bulletin* in April 1992. The Bulletin informs readers of various events and activities relating to human rights taking place in Africa. It also lists human rights publications and announcements from other human rights organizations. For more information contact: Charles Mwalimu, Near East African Law Div., Law Library, Library of Congress, Washington, DC, 20540. Tel.: (202)707-5073; Fax: (202)707-1820.

Culture, Sex and Money: Their Impact on Women and Children
Proceedings of the International Abolitionist Federation African Regional Conference, 4-7 November 1991 in Abidjan, Côte d'Ivoire. This publication includes a broad range of issues covered in the Conference: abuse of school children in Côte d'Ivoire, colonialism and the emergence of prostitution in Africa and juvenile prostitution in Brazil. For further information regarding this report, contact: International Abolitionist Federation, Kahlenberger Strasse 61/9, A1190 Vienna, Austria. Tel.: 373579.

The Psychological Well-Being of Refugee Children, Research, Practice and Policy Issues, edited by Margaret McCallin, published by the International Catholic Child Bureau (ICCB). The papers in this book address the impact of trauma on the millions of refugees worldwide, mostly women and children, so that future policy and programming will incorporate attention to their psychological needs. ICCB hopes that NGOs and individuals working with refugees will utilize the principles the research and solutions outlined in the book. For information about copies, contact: ICCB, General Secretariat, 65 rue de Lausanne, CH-1202 Geneva, Switzerland.

Health care
Details of 110 newsletters that cover a wide range of primary health care related issues including disease control, AIDS, maternal and child health, and health education, are contained in the latest edition of AHRTAG's (Appropriate Health Resources and Technologies Action Group Limited) resource list of free international newsletters. Indexed by subject, language and geographical focus. Copies are available from AHRTAG, 1 London Bridge Street, London SE, 9SG, UK.

NGO Action for Children

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NGO Action for Children is produced by the NGO Committee on UNICEF. The opinions expressed in the articles do not necessarily reflect those of UNICEF.

MEETINGS AND CONFERENCES

THE RIGHT TO PLAY
14-19 February 1993, the World Play Summit will meet in Melbourne, (Australia), bringing together people interested in the physical, social and political environments that influence children and play.
20-23 February, the Western Australia Play Conference will meet for three days to share ideas and projects that provide appropriate environments in which children have the right to play. Sponsored by Edith Cowan University and a dedicated committee of practitioners, the conference will offer a varied programme including a range of organized tours highlighting play environments.

For further information contact: Right to Play Conference, Perth Planning Conference Committee, 1186 Hay Street, West Perth, Western Australia 6005.

VITAMIN A
8-12 March 1993, 'Toward Comprehensive Programmes to Reduce Vitamin A Deficiency' will be the theme of the XV International Vitamin A Consultative Group (IVACG) meeting, in Arusha (Tanzania). The meeting will focus on:

Vitamin A programme issues — costs, management, integration with other programmes, progress in changing dietary behaviours related to vitamin A, consequences for development of vitamin A deficiency and new research related to the functions of vitamin A.

Sponsored by the Tanzania Food and Nutrition Centre, the National Vitamin A Consultative Group of Tanzania, the International Vitamin A Consultative Group and others, the IVACG meeting will include policy makers, programmers and scientists in health, nutrition, agriculture, biochemistry and development. IVACG invites representatives from international agencies, national ministries, educational institutions and NGOs to participate.

For more information contact the IVACG Secretariat, The Nutrition Foundation, Inc., 1126 16th Street, NW, Washington, DC, 20036, USA. Tel.: (202) 659-9024; Fax: (202) 659-3617.

Development vs. emergency: How one NGO copes

By Sara Ann Friedman

Over the past 30 years, many NGOs working in developing countries have gradually shifted from relief and emergency work to long-range development programmes. Today, however, this positive trend is being reversed as escalating political turmoil, economic and social instability and natural disasters place extraordinary stress on donor and government capacity to meet needs. Filling the breech, NGOs find themselves shifting resources from development projects into emergency assistance.

As in the United Nations system, there is renewed debate both within and among NGOs about the relative value of immediate material aid versus long-term social sector assistance. The following case-study describes the efforts of one NGO to deal with this dilemma.

When it started in 1938, the first programmes of the Christian Children's Fund (CCF) focused on institutionalized children, but over the decades, CCF's work has slowly evolved, partly in response to changing ideas about the goals of social work.

"In the 1960s we began to talk about development," says Paul McCleary, executive director of CCF, "believing that children do best in the home even if it isn't the best home — and knowing that children can't develop in isolation from their family or community."

Today, the United States-based CCF has projects in 40 countries and an annual budget of US$100 million to carry out its integrated programmes in health care, education and the arts, in support of grass roots initiatives and local self-sufficiency.

The agency's recent decision to set up programmes in Central and Eastern Europe was made cautiously, according to James Hostetler, CCF Regional Director for Central and Eastern Europe. For many NGOs, the republics of Central and Eastern Europe are not developing countries, nor can their needs be compared to those of Africa, Asia or Latin America.

Experienced donors understand that Africa requires perhaps two decades of development work to reach self-sufficiency. But in Eastern Europe, Hostetler explains, it is food shortages, cold winters and Romanian orphans that get their attention, not the deeper long-term problems. Food problems in Eastern Europe can be solved in 18 months. Development — getting people to help themselves, to develop private initiative — takes much longer. And donors are not always that patient.

CCF is increasingly involved in the region's longer-term social problems arising from the tearing of the social safety nets and the collapse of a centrally planned system that once provided. however inadequately, for all needs. CCF programmes in Central and Eastern Europe (Poland, Belarus and the three Baltic republics) currently support caregiver training, technical assistance and after-school programmes for 'latchkey' children.

Ill-prepared

The biggest obstacle to progress is lack of a notion of self-reliance and experience in community organizing in these former Communist republics. "You try to create a sense of the need for local participation and partnership, and the people ask, 'When's the next ship coming in?' ", says Hostetler.

In Latvia, for example, the Latvian Children's Fund, partner to CCF and heir to the old Soviet child welfare agency, did not know how to listen to the needs of the people, says Hostetler. "They wanted to plug something into the hole that just got unplugged."

Moreover, says McCleary, the Soviet system did not want to admit that alcoholism or child abuse or mental or physical disabilities even existed. "You were either normal or institutionalized," he explains.

To promote basic principles of development such as self-initiative and self-sufficiency, CCF encourages clients to face up to the fact that there is a problem and then figure out what to do about it. "Yes, it's frustrating," says Hostetler. "Development is a slow process. You start where the people are, plant the ideas and hope they take root."

Still, development NGOs like CCF must also be prepared to shift into the emergency mode. In the most extreme cases such as Bosnia-Herzegovina or Somalia, development programmes usually grind to a halt. There is no currency, no infrastructure, much instability. "You just seek the highest level of authority," says McCleary. During heavy civil strife, there are always areas the agency cannot service. At the same time, he adds, "you try to maintain a presence to promote stability."

In less dire situations, the agency has incorporated programmes into its development work. CCF has 'child alert' programmes in Brazil, the Dominican Republic, Jordan, the Philippines, Uganda, and the West Bank that provide support for children who are injured, traumatized or made homeless by war, children with AIDS and their families, and children who live on the streets.

In Zambian villages, as the new threat of drought and food scarcity has grown, CCF has continued its support of the infrastructure and maintained its health care and education programmes to keep people from migrating.

Consistent with its philosophy, the agency addressed survival needs first by adding food distribution to the community programming: delivery of food to the most vulnerable population; a 'food for work' exchange; digging deeper wells to catch the October rains; bio-intensive gardens and supplementary seed supply.

In the Philippines, known for a large number of natural disasters, CCF makes available special subsidies to local communities for 'spot' decisions and provides workshops to help them develop the self-confidence to anticipate and assess their own needs. In the face of earthquakes and volcano eruptions, such funds have supported mobile food distribution, a private plane to bring medicines from Manila, and the rebuilding of destroyed homes.

There is no question, acknowledges McCleary, that the best chance for an international agency to raise money is with emergency relief — through heartbreaking stories that hit the front page. Those who work month after month in the same village don't see the same dramatic results as those going from emergency to emergency. But when an NGO works in a village for 20 years, providing schools and clinics, helping to develop healthy and literate children, when it helps break the poverty cycle for one generation, it breaks it for the next and the next and the next.

Sara Ann Friedman is editor of NGO Action for Children.

UNICEF/Ammann

These women, members of a mothers' club in Peru, have improved potato production with better seeds, fertilizers and pest control, with NGOs' help.

What makes an NGO?

By Remi Sogunro

The International Conference on Nutrition (ICN) held in Rome in December 1992, will influence national nutrition policies for years to come. It was important, therefore, for the voices of NGOs, as the links between local communities and national and international decision makers, to be heard on the policies set.

But the question of just *what makes* an NGO was raised during the ICN process.

At the August Preparatory Committee Meeting, organizations representing the commercial sector were lumped together with traditional people's organizations as 'NGOs,' and then collectively asked to produce a consensus statement on their concerns. This failure on the part of the ICN secretariat to distinguish between NGO groupings raised concern among public-interest NGOs. For although both industry associations and humanitarian organizations are 'non-governmental', that is where their similarity ends.

Public-interest NGOs recognize that industry has a role to play in the field of nutrition, but basic differences in philosophy and approach towards development cannot be overlooked.

For commercial organizations, profit is understandably top priority.

For public-interest NGOs, the goal is to develop a process in which communities are empowered to take charge of their own nutritional needs and ultimately become self-sufficient. This aims to minimize the use of unnecessary, often costly and sometimes dangerous, commercial products. Producing vitamin A-rich food in kitchen gardens and breastfeeding exclusively in the first four to six months of life are far better and more sustainable than being handed vitamin A capsules and infant formula. In Guatemala, Foster Parents Plan International (PLAN) is working with the Nutritional Institute for Central America and Panama and the International Eye Foundation to study available vitamin A-rich food in different regions of the country so that positive nutrition messages can be developed to encourage consumption of those foods.

Studies conducted over the past decade have told us that nutrition goes way beyond food supply. It requires adequate caring practices, access to health services and a healthy environment. It involves educating and training women, pregnant mothers, traditional birth attendants (TBAs), teachers, traditional healers and community leaders to improve the nutritional quality of locally produced food, to control their own resources, to have adequate access to health services and a healthy environment, and to provide adequate care for the nutritionally vulnerable and poorest populations — children, women, the disabled and the elderly.

Industry has an important role to play in nutrition. It can produce fortified food, micronutrient supplements such as vitamin A, iodine and iron, cold-chain equipment for vaccine storage, processed food with longer storage capacity in times of drought or war. But there is a potential danger in its overrepresentation in formulating nutritional development programmes. In support of its own interests, industry may favour use of manufactured commercial food products over longer-term, more sustainable, community-centred solutions.

We urge, therefore, that the UN system review its current policy of accreditation, which sometimes lumps together groups with such disparate interests and goals. Continued dialogue between industry and public-interest NGOs can be valuable, and at times, essential. But for public-interest NGOs to most effectively serve the families and local communities they represent, their desire to be recognized as a separate entity should be honoured.

Remi Sogunro is health adviser to PLAN International in the U.S.

RESOURCES

UNICEF Publications

Available from:
UNICEF,
3 UN Plaza, RPPL H-12G,
New York, NY 10017, USA

Publications are in English unless otherwise noted.

The State of the World's Children 1993 report, by James P. Grant. Published by Oxford University Press for UNICEF. Available in many languages. Paperback US$7.50.

Africa's Children, Africa's Future: Background Sectoral Papers, UNICEF and Organization of African Unity, New York, 1992, 195 p., US$19.95. Also available in French: *L'avenir de l'Afrique: ses enfants — Etudes sectorielles*, UNICEF and OAU, New York, 223 p., US$21.95.

Breastfeeding, Growth and Illness: An Annotated Bibliography, by Allan S. Cunningham, Derrick B. Jelliffe and E.F. Patrice Jelliffe, UNICEF, New York, 1992, 157 p., US$16.95.

The Case for Investing in Basic Education, by Martin Carnoy, UNICEF, 1992, 100 p., US$11.95.

Education for All: What are we waiting for? by Mary B. Anderson, UNICEF, 1992, 111 p., US$11.95.

Household Food Security: Concepts, Indicators, Measurements: A Technical Review, by Simon Maxwell and Timothy R. Frankenberger, UNICEF and the International Fund for Agricultural Development, New York, 1992, 274 p., US$19.95.

Training Guide in Lactation Management, by Helen C. Armstrong, IBFAN and UNICEF, New York, 1992, 289 p., US$20.

Women, Work and the Need for Child Care — Opportunities for Programmatic Collaboration. Edited by Cassie Landers and Ann Leonard. UNICEF Staff Working Paper No. 10. UNICEF New York. 89 p. US$8.95.

International Child Health, A Digest of Current Information, An International Pediatric Association publication in collaboration with UNICEF and WHO, volume III, number 4, October 1992.

The following publications are available from your nearest UNICEF office or from UNICEF, 3 UN Plaza, H-9F, New York, NY 10017, U.S.A.

Children of the Americas. UNICEF, 1992. Also in Spanish.

Africa's Children, Africa's Future: Human Investment Priorities for the 1990s. UNICEF, 1992. Also in French.

Africa's Children, OAU Information Kit for the International Conference on Assistance to African Children, Dakar, 25-27 November 1992. Also in French.

Africa's Children, Africa's Future. A bibliography of UNICEF publications, kits and videos. English/French.

Children and Agenda 21, a guide to UNICEF issues in the Earth Summit's plan of action. Also in French and Spanish.

Food, Health and Care: The UNICEF vision and strategy for a world free from hunger and malnutrition. Also in French and Spanish.

The following publications are available from the International Child Development Centre, Spedale degli Innocenti, Piazza SS. Annunziata 12, 50122, Florence, Italy.

Africa's Recovery in the 1990s: From Stagnation and Adjustment to Human Development, edited by Giovanni Andrea Cornia, Rolph van der Hoeven, and Thandika Mkandawire. A UNICEF study. Macmillan (London), 1992, US$27 (paperback). French edition: Economica Editions-Librairie (Paris), 120FF/US$22.

Innocenti Studies on the Urban Child in Difficult Circumstances:

Italy: Too Little Time and Space for Childhood, by Ray Lorenzo. US$6.

Kenya: Child Newcomers in the Urban Jungle, by Dorothy Munyakho. US$6.

India: The Forgotten Children of the Cities, by Amrita Chatterjee. US$6.

Innocenti Occasional Papers:

Trends in the Structure and Stability of the Family from 1950 to the Present: The Impact on Child Welfare, by Chiara Saraceno. May 1992. US$6.

Child Poverty and Deprivation in Portugal: A National Case Study, by Manuela Silva. June 1992. US$6.

Women's Rights and Children's Rights: The United Nations Conventions as Compatible and Complementary International Treaties, by Savitri Goonesekere. September 1992. US$6.

Other Publications

The United Nations System and Nutrition — The Need for Change in a More Democratic World, by E. J. R. Heyward. Martin J. Forman Lecture, 15 June 1992. Helen Keller International, 15 West 16th Street, New York, N.Y. 10017, USA. US$7.

Bellagio Brief — Vitamin A and Childhood Mortality. Summary. Helen Keller International, 15 West 16th Street, New York, N.Y. 10017, USA. Also in French and Spanish. Free.

Social Mobilization and Social Marketing in Developing Communities: Lessons for Communicators, by Neill McKee. Southbound, 9 College Square, 10250 Penang, Malaysia. US$22.

UNICEF Videos

A number of audiovisual materials are available from UNICEF offices and National Committees. (Check with your local office for catalogues.)

First Call for Children

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